



**R.N.**

DECEMBER • 1951

"Nursing's a noble profession,"

Said Jean, with a wry expression.

"My hands turn men cold!"

"CREAM!", she was told.

So Jean PACQUIN-ed. Result: a possession!



Pacquins Hand Cream was made for doctors and nurses who scrub their hands so frequently. Now Pacquins is used by more women than any other hand cream! Cream your hands regularly for soft, smooth loveliness! For extra-dry skin, red label Pacquins with lanolin.

FOR DREAM HANDS,  
CREAM YOUR HANDS WITH

*Pacquins* HAND CREAM

On sale at all drug counters in U.S. and Canada

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Vol. 15

No. 3

# RN

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you can see the difference . . .

it's **UNGROUND!**

Here's the most important development in syringe manufacture since B-D first introduced the all-glass hypodermic syringe in 1898 . . . a syringe with a clear, microscopically-smooth, *unground* barrel.

This means a syringe that *lasts longer* under constant use because of . . .

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## Modern concept of post operative analgesia

The increasing tendency to replace morphine, post operatively, with non-narcotic analgesia focuses new attention on Anacin. Long favored for rapid analgesic effect, Anacin is also preferred for the mildly sedative, long lasting action these tablets provide. Anacin is the *dependable* APC formula which consistently, day in and day out, is known to yield maximum efficiency with a minimum of untoward effects. If you would like to try Anacin this way, please write for samples on your letterhead.

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# DEBITS & CREDITS

## THOSE TERRIBLE TAXES

Dear Editor:

It is my firm belief that nurses should not have to pay an income tax. In fact, all persons earning \$5,000 or less per year should be tax free, seeing that the present cost of living is so high that it is difficult to make ends meet on a salary up to \$5,000. I have cut down my standard of living until I cannot cut it any more without endangering the health of my family. I feel sure that if something were done to make nurses free from income taxes or to reduce their tax payments by 50 per cent there would be more recruits for this wonderful profession.

(MRS.) P. G. RICHARDS, R.N.

RAHWAY, N.J.

[*There sure would!!*—THE EDITORS]

## SOLVING SHORTAGES

Dear Editor:

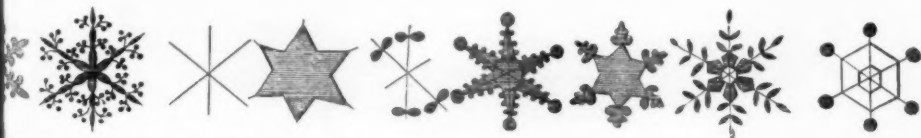
I read the letter "Basic Shortages" in the May issue with considerable interest, and while I do not have the answer for every problem raised, the writer might be interested in a system developed in my hospital.

I am a central supply supervisor in a 350-bed hospital. We had just about the same problem with sup-

plies, and after careful study of the whole situation I decided to set up individual supply rooms on each 45-60 bed ward. After much persuasion, our superintendent allowed us to utilize private patients' rooms and we acquired nurses' aids from central supply to work from 7 A.M. to 3 P.M.

First, all glass medicine glasses were taken off the wards and replaced with waterproof disposable ones—clearly marked to measure, and packed in clean boxes always ready for use. Next, each ward was supplied with trays of sterile syringes and needles which could be exchanged in central supply when necessary. It was arranged that the nurses' aids would take care of all thermometers, and keep an ample supply of clean ones in readiness on a shelf in the room. A supply of extra razor blades was placed in a locked box in the supply room—available only to the nurse in charge of the ward.

The load taken off central supply by these subsidiary rooms is more than enough to balance the budget. All charge slips for dressings, sterile trays and every item charged to patients are taken care of by the aids. They also check electric suction machines, Wangensteens, fracture equip-



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the new repository

**ACTH** preparation

means economy for more patients...



greater convenience of administration for home and office treatment



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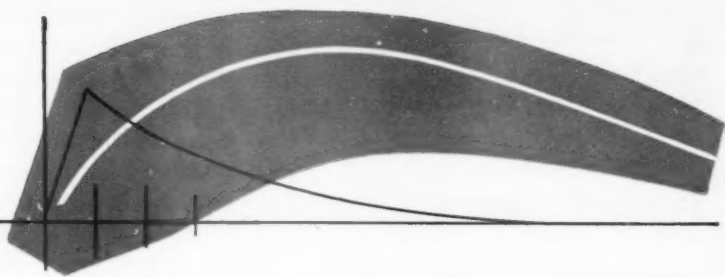
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# ACTHAR<sup>\*</sup> *Gel*

IS LONG-ACTING

ACTHAR *Gel*—a new repository ACTH preparation—is an important contribution to home and office treatment. A single injection in many cases provides an adequate daily dosage. Thus simplified administration plus a considerable price reduction of ACTHAR, which is fully reflected in the price of ACTHAR *Gel*, provides further economy of ACTH therapy.

ACTHAR *Gel* possesses all the efficacy of ACTHAR in aqueous solution and is well tolerated locally, whether administered intramuscularly or by deep subcutaneous injection.

**Indications:** Rheumatoid arthritis, rheumatic fever, acute lupus erythematosus, drug sensitivities, severe bronchial asthma, contact dermatitis, most acute inflammatory diseases of the eye, acute pemphigus, exfoliative dermatitis, ulcerative colitis, acute gouty arthritis, secondary adrenal cortical hypofunction.

**Supplied:** In 20 I.U. (mg.) and 40 I.U. (mg.) per cc. in 5 cc. vials.

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always sterile, always ready . . . emol-  
lient . . . non-adherent . . . non-irritat-  
ing . . . non-macerating . . . for OR—  
WARDS — OPD — EMERGENCY —  
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**2 sizes:** each 6 envelopes to the  
carton. Unit envelope . . . one 3" x 36"  
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**as dressing** for burns • abrasions  
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ment for oiling and maintenance of  
good operating conditions, and keep  
dressing and I.V. carts in good or-  
der. After 3 P.M., the ward nurses  
write out charge slips for any special  
trays or anything needed and the  
room is left in good order, with all  
the supplies needed for eight hours.  
It is serviced for the night at 9 P.M.

It was fun working out the sys-  
tem, and it is a real joy when nurses  
on the floors tell me how helpful it  
is to have supplies readily available.

R.N., TAMPA, FLA.

## LOOKING THE PART

Dear Editor:

A nurse reflects her hospital and  
her whole profession, and it is a part  
of her job to look and act in such a  
way that she will be a credit to both.  
I remember a trip to a very beauti-  
ful hospital in another country which  
left me with a poor impression. The  
equipment was the best and latest  
available. The entire hospital was  
wonderfully organized and arranged;  
one would think it an ideal set up.  
Yet I saw nurses who were carelessly  
dressed, who wore fancy shoes and  
earrings on duty, who smoked, and  
chewed gum in uniform. I saw nurses  
sitting on tables and reading maga-  
zines at the nurses' stations. Maybe  
they gave good nursing care, but I  
don't think so. I can't believe that  
nurses who looked and acted as those  
nurses did could be good nurses.

Most hospitals have very definite  
requirements as to the personal ap-  
pearance of graduate staff nurses,  
but we sometimes brush these re-



# BROMO-SELTZER

gives fast 3-way help for

# HEADACHE

upset stomach,  
jumpy nerves

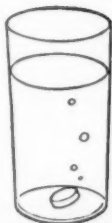
When strenuous on-duty activities cause you headache pain, take Bromo-Seltzer right away and get fast effective help.

**Bromo-Seltzer** effervesces instantly... ready to go to work *faster than any tablet product* you've ever tried, and it fights your headache 3 ways at once:

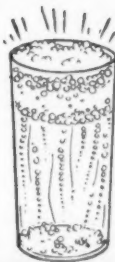
1. Relieves headache pain.
2. Neutralizes excess stomach acidity.
3. Quiets your jittery, jumpy nerves.

**For best results, use cold water.** Follow the label, avoid excessive use. You must be satisfied or your money back.

**Be prepared** next time a headache hits. Get a bottle of Bromo-Seltzer at your druggist's today and keep it handy. It's the time-proved product of the Emerson Drug Company.



TABLET PRODUCT  
DISSOLVES SLOWLY



BROMO-SELTZER  
READY INSTANTLY





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nursing . . . an opportunity to  
work in a well equipped new  
hospital. Nationally known  
psychoanalytically oriented  
medical staff.

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315 per month for 40-hour  
week. \$40 additional for eve-  
ning duty. \$30 for night duty.  
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Full maintenance available at  
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**MICHAEL REESE HOSPITAL**  
**CHICAGO 16, ILLINOIS**

quirements off as old fashioned. We are apt to forget that a good nurse looks and acts like a good nurse. Her appearance may be the keynote to the kind of nursing service her hospital gives. And one nurse may spoil much of the good public relations that many nurses have built up. We should never forget that our hospital and our profession are judged by the way we look, and the way we act on duty.

FRANCES GIBSON, R.N.  
MEMPHIS, TENN.

## UNFAIR ATTACK

Dear Editor:

In the past few years there has been a large amount of intense criticism directed toward the professional nurse. I fully realize that people in all fields of endeavor receive criticism also, but to a much lesser degree. There has been much talk (both idle and published) that the nurse is not giving her best to patient care, and that she can no longer be depended upon. Although there may certainly be some R.N.'s who fall into this category, surely they are not enough to warrant such wholesale criticism that is so unjustly being given the profession.

In one of the large hospitals quite recently, the nursing office called a meeting of the ward clerks and trained aids to tell them that they could no longer depend upon professional students or graduates, so they would concentrate upon gaining the employment of trained aids and practical nurses. This, mind you,

December R.N. 1951



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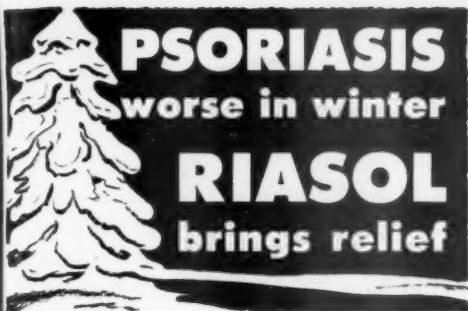
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The acid test of any therapy for psoriasis is the *winter season*. It is well known that the skin lesions are more prevalent, more extensive and more resistant to treatment during the winter months.

Regardless of the season, you can depend on RIASOL. Positive therapeutic results, with clearing or improvement of the cutaneous patches, were obtained in 76% of the cases in a clinical group which failed to respond to other therapy. Thousands of physicians are prescribing RIASOL in their cases of psoriasis.

Winter is also a bad time to neglect psoriasis. Without treatment the lesions may burrow deeper into the cutaneous layers. The time to use RIASOL is *now*.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles, at pharmacies or direct.



*Before Use of Riasol*



*After Use of Riasol*

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Please send me professional literature and generous clinical package of RIASOL.

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**more comfortable  
less demanding  
patients...**



**with**

**Chloresium<sup>®</sup>**

(brand of water-soluble chlorophyll derivatives)

**in the care of wounds,  
burns, ulcers and dermatoses**

CHLORESIUM OINTMENT and SOLUTION (Plain) are favored by patient, nurse and doctor:

**patients**

appreciate CHLORESIUM because it quickly deodorizes foul-smelling lesions and provides prompt relief from itching and irritation.

**nurses**

like CHLORESIUM because it makes their work easier and pleasanter—patients become more manageable when bland, soothing CHLORESIUM is applied.

**doctors**

prescribe CHLORESIUM because it promotes the growth of healthy granulation tissue, helps produce a clean, granulating wound base and facilitates normal repair and epithelization.

CHLORESIUM OINTMENT and SOLUTION (Plain) are the only chlorophyll products accepted by the AMA Council on Pharmacy and Chemistry.

For the care of minor lesions not requiring treatment by a physician, CHLORESIUM is available at your pharmacy without prescription.

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is what our "sister" R.N. administrator was telling people who are supposed to be in a subordinate position to the R.N. in the hospital.

Yes, many of the hospitals feel they cannot depend upon the R.N., but can the R.N. depend upon the hospital? Allow me to direct the accusing spotlight in the other direction. Just how considerate are many of our administrators of the nurse? How interested are they in keeping her satisfied and happy in her position? Are they utilizing all of the professional help in their community to the best of their ability? I will not answer yes or no, but instead cite some examples to illustrate more clearly the situations which really exist.

A new graduate of a certain hos-

pital applied for a position in her home hospital, with the understanding that a two-weeks' leave would be granted her at a designated date, to allow time for her coming marriage. Shortly after this a new rule came out, announcing that no leaves would be granted unless a year's employment were established. When she asked them of this, she was told that no exceptions would be made. Having no alternative, the young nurse resigned, which was certainly the hospital's loss. How simple it would have been to make this nurse a satisfied employe, and a grateful advocate of that institution!

Many of my nurse friends and acquaintances have applied for part-time nursing because they are either married or go to school. It seems that

*For the woman whose feet are an important part of her ability to earn a living*

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- light as a slipper...sturdy as a boot
- all the comfort of a "glove fit"

The style-smart shoe chiropodists recommend...hand-crafted from one piece of soft leather without a seam or bulge on the sole. Truly, Haymakers give many miles of comfortable wear.

Also in brown, black, bamboo, red, green, navy blue, or smoke grey smooth leather. Sizes 3½-10 widths AAAA-C

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Name \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

Dept. RN-15

AT YOUR FAVORITE STORE OR MAIL US THIS ORDER



it is considered a very great honor to be so employed, because most of the hospitals refuse this type of help, most of the time. What a boon it would be for the full-time nurse if she could have the help of part-time relief nurses to make her burdens and responsibilities somewhat lighter. Many is the time when, in sheer desperation, the floor nurse will call the nursing office to request relief, if only for an hour. Most of the time, however, they are able to send only an aid or a practical nurse who, after all, has limited capacities. One day one of the busy corridors had one R.N. in charge with four aids. Although the aids did as much as they could, it came to a point where they could do no more, so they sat in the utility room, while the one

nurse was run ragged with treatments, medications, charts, doctors and various responsibilities. This made it impossible for her to go to lunch, and necessitated her working overtime to boot! If she could have had the help of a relief nurse for even a two-hour period, all could have run smoothly, and the patients would have had better care. Only one aid would have been needed, which in turn would have reduced hospital expenses.

Hospitals should do all in their power to attract professional help, even if they have to send out letters requesting both full- and part-time nurses. No matter what the modern trends advocate, there is no substitute for professional services!

R.N., DETROIT, MICH.



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There are times when even the most prudent could put additional money to good use. Perhaps *you* would benefit from extra cash right now. If so, please feel free to get in touch with us. You'll find

that *Personal* offers you the same qualities of service you practice "on duty" — warm efficiency and friendly consideration. Moreover, our loans are available to you *on your own* merit as a nurse. We like to say "Yes" to nurses!

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## All Children Can Benefit from *this* Protective Hot Drink at Breakfast

In its widely distributed leaflet No. 268, "Eata Good Breakfast," the U. S. Dept. of Agriculture states: "Summer or winter, there's something hot, as a rule, in a good breakfast. . . . Something hot is cheering and tones up the whole digestive route."

The problem of encouraging children to eat an adequately protective breakfast finds easier solution when Ovaltine in hot milk is recommended as a breakfast beverage. Many children clamor for a hot drink at the morning meal, and hot Ovaltine is the right kind of drink to recommend.

A cup of hot Ovaltine makes an excellent contribution of virtually all essential nutrients, adding substantially to the nutritional start for the day. It also serves in a gustatory capacity by enhancing the appeal of breakfast and making other foods more inviting.

The nutrient contribution made by a cup of Ovaltine is apparent from the table below. Note the wealth of essentials added to the nutritional intake by making the simple recommendation of adding a cup of hot Ovaltine to the child's breakfast.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



### *Ovaltine*

Here are the nutrients that a cupful of hot Ovaltine, made of 1/2 oz. of Ovaltine and 8 fl. oz. of whole milk,\* provides:

PROTEIN . . . . .	10.5 Gm.	IRON . . . . .	4 mg.	RIBOFLAVIN . . . . .	0.7 mg.
FAT . . . . .	10.5 Gm.	COPPER . . . . .	0.2 mg.	NIACIN . . . . .	2.3 mg.
CARBOHYDRATE . . . . .	22 Gm.	VITAMIN A . . . . .	1000 I.U.	VITAMIN C . . . . .	10 mg.
CALCIUM . . . . .	370 mg.	VITAMIN B <sub>1</sub> . . . . .	0.39 mg.	VITAMIN D . . . . .	140 I.U.
PHOSPHORUS . . . . .	315 mg.			CALORIES . . . . .	225

\*Based on average reported values for milk.

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guest on Christmas Day  
at a one-hour television presentation  
of Walt Disney's*  
**"CHRISTMAS SHOW"**



his delightful Disney production,  
created especially for Christmas,  
is dedicated to the doctors, interns, nurses,  
and hospital workers of America—in appreciation of their  
untiring efforts in behalf of all humanity.

*A Christmas program appealing to all ages. See your  
newspaper for the time and the local television station.*

*Johnson & Johnson*

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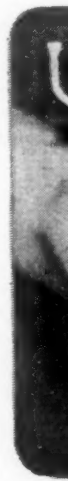
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## TAMPAX FACTS <sup>NO</sup> 3

*Properly used, they provide "complete absorption of the flow."<sup>4</sup>*

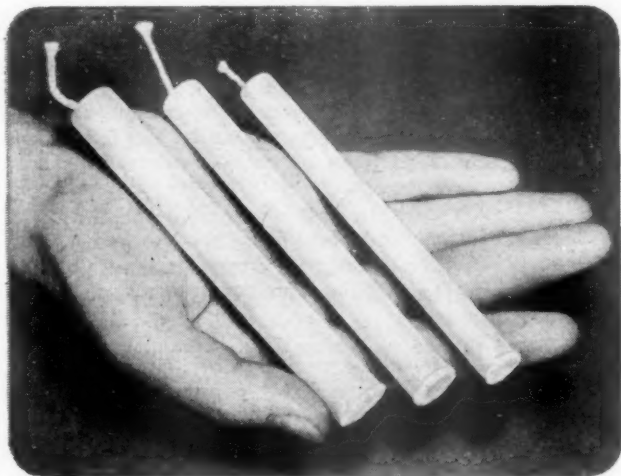
Correct tampon size in relation to vaginal length and caliber (with proper technique of insertion) are the only prerequisites of complete protection during the menstrual period.

Tests, under conditions of use with the expansion of the tampon restricted, indicate the average absorbency for Super TAMPAX as approximately 17 cc, for Regular TAMPAX approximately 12 cc and for Junior TAMPAX approximately 9 cc—whereas, actual clinical studies<sup>1</sup> of a representative group of women show the periodic flow to average only 50.55 cc. Thus, with correct usage and absorptive capacity of more than 170 cc, 120 cc and 90 cc in each package of ten Super—Regular—Junior TAMPAX tampons respectively, the margin of safety assures adequate protection for the entire period—simply by inserting the tampons at proper intervals.

Besides providing ample absorptive capacity, TAMPAX is safe,<sup>3</sup> comfortable,<sup>4</sup> and convenient.<sup>5</sup>

Its use has also been reported as psychologically beneficial.<sup>2</sup>

The fact that, during the last 14 years, over 2 billion TAMPAX have been purchased reflects the strong confidence that women place in their physicians' judgment.



### REFERENCES

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City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

# THE TRUTH ABOUT FROZEN ORANGE JUICE

## Significant Dietary Advantages Of Fresh-Frozen Minute Maid Orange Juice Over Home-Squeezed Orange Juice Shown By Independent Research

**R**ECENT assays<sup>1</sup> emphasize the nutritional superiority of reconstituted Minute Maid Fresh-Frozen Orange Juice over home-squeezed orange juice in three respects:

- a. Average levels of natural ascorbic acid were significantly *higher* in Minute Maid;
- b. Peel oil content was significantly *lower*;
- c. Bacterial counts were dramatically *lower*.

Two reasons for Minute Maid's higher ascorbic acid content are advanced:

First, oranges vary widely in ascorbic acid content.<sup>2</sup> Thus, whole oranges squeezed a few at a time provide a highly erratic source of Vitamin C. Each can of Minute Maid, however, represents the pooling of juice from hundreds of thousands of oranges; thus wide variations in nutrients tend to be eliminated.

Second, because it is frozen, Minute Maid loses none of its ascorbic acid content before reaching the consumer.<sup>3</sup> Whole fruit, however, is subjected to variations in temperature, and care in handling cannot be maintained from tree

to table. Laboratory tests have shown an average ascorbic acid loss of 10.7% in whole oranges after 11 days under simulated storage and shipping conditions.

Peel oil, cause of allergic response and poor tolerance, especially in infants,<sup>4</sup> is held to an arbitrary minimum in Minute Maid. Samples of home-squeezed juice expressed by typical housewives showed peel oil contents up to 700% higher.

Bacterial counts were found to be as high as 350,000 per ml. in home-squeezed samples—but were uniformly low in Minute Maid. Technicians ascribe this to the combination of rigid sanitary controls in the Minute Maid process and the low pH and low temperatures at which the juice is kept. High bacterial counts in home-squeezed juice are doubtless due to contamination from the exterior peel which is unknowingly added to the juice during preparation.

In view of the above findings, more and more physicians now specify Minute Maid Fresh-Frozen Orange Juice in lieu of home-squeezed orange juice.

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- (4) Joslin, C. L., and Bradley, J. E., *Journal of Pediatrics*, Vol. 39, No. 3, pp. 325-329 (1951).



Reprints of Reference Material Mailed on Request

**MINUTE MAID CORPORATION, 488 Madison Ave., New York 22, N. Y.**

Wallace R. Roy, Ph.D., Director of Research

## SCIENCE SHORTS

Intravenous injections of fat emulsions enable patients to receive a large supply of calories in a small amount of liquid, states a report in *Food and Nutrition News* on a paper by Drs. Theodore B. Van Itallie, William R. Waddell, Robert P. Geyer and Frederick J. Stare. Clinical research has shown that a 3,200-calorie preparation can be given to patients over a 12-hour period with no untoward effects. The new material has not been used widely because of difficulties in manufacture, storage and transportation.

\*

*The fertility of Japanese A-bomb radiation victims has returned with no unusual incidence of abnormal offspring, reports the AMA Council on Emergency Medical Service. Cataracts and leukemia appear to be the most serious after-effects among survivors.*

\*

Disease and physical weakness may have positive social values, according to Dr. Martin Gumpert reporting at the International Gerontological Congress in St. Louis. On the basis of a study of successful older men and women, who are still at work despite their infirmities, Dr. Gumpert concluded that sickness and disability may be assets since

they teach the resourceful how to make the most of their gifts.

\*

*An x-ray unit, which can be assembled in less than five minutes and makes a plate a minute without requiring a darkroom, has been developed for field hospital use. Weighing 500 pounds instead of the customary 1,000, the new machine is expected to be employed in Korea this winter.*

\*

**Cortisone Research:** The unending search for cheaper, more available starting materials than cattle bile for the synthesis of the wonder hormone, cortisone, has led to numerous chemical discoveries. In the *Journal of the American Chemical Society*, a group of researchers from Merck & Co., the manufacturers of Cortone, reports that cortisone can be prepared from ergosterol, cholesterol from the spinal columns of cattle and wool fat, stigmasterol obtained from soy beans, and diosgenin derived from Mexican yams. In the same issue, there is an account of the synthesis of cortisone from a common coal tar derivative. Further assurance that cortisone may soon be more readily available is provided by the Schering Corporation which has developed a shorter, less wasteful method of synthesizing the



**Creates Protective Warmth**  
**to relieve distress of**  
**ACHING**  
**CHEST**  
**COLDS**  
 and also  
**breaks up local congestion**



To get fast, long-lasting relief from coughs and that miserable achy feeling from a cold—rub on Musterole.

Musterole's great pain-relieving medication (oil of mustard, camphorated oil, menthol and methyl salicylate) instantly creates a wonderful sensation of *protective warmth* on chest, throat and back. It promptly helps break up congestion in nose, throat and upper bronchial tubes of lungs—bringing amazing speedy relief.

*In 3 Strengths:* Child's Mild Musterole, Regular, and Extra Strong for adults.

**MUSTEROLE**  
 ®

hormone from cattle bile. This company is now marketing an ophthalmic preparation, known as Cortogen Ace tate, for local cortisone therapy o the eye in ocular allergy and inflammation. However, cortisone activities are not confined to the U.S., for from over the border comes word that a Mexican chemical firm, which has prepared cortisone from the Mexican yam root, expects to start widespread commercial production of the drug in 1952.

\*

*Long-lived mothers rather than long-lived fathers have a greater influence on the longevity of their children, according to the findings of Dr. Eva Jalavisto, Professor of Physiology in the University of Helsinki, Finland.*

\*

According to an article in the JAMA, intravenous injection of ACTH in greatly reduced doses produces equally as good or even better results than larger doses of the drug injected intramuscularly. However, the authors stress that patients must be supervised closely when IV injections are given since undesirable side effects may occur more frequently and with greater rapidity.

\*

*Surgeons attending the Congress of the International Society of Surgeons have advocated that motion pictures be taken of all surgical operations. They believe that this procedure would provide permanent records for the surgeon as well as serve as a teaching guide for future students in surgery.*



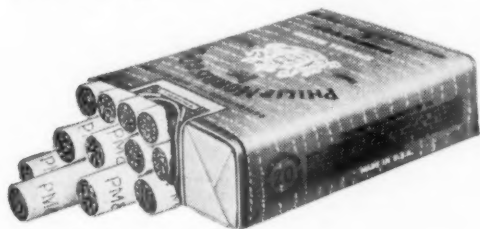
*YOU are the best judge, so*

# BELIEVE IN YOURSELF!

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most people prefer to judge for themselves.  
So, won't you make this simple test?

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1. Light up either one. Take a puff—don't inhale—and s-l-o-w-l-y let the smoke come through your nose.
2. Now do exactly the same thing with the other cigarette.

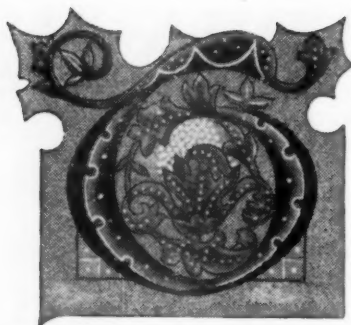


Notice that PHILIP MORRIS  
is definitely less irritating, definitely milder.

*Then, BELIEVE IN YOURSELF!*

## PHILIP MORRIS

Philip Morris & Co. Ltd., Inc.  
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HE CHRISTMAS SEASON is a festival of the spirit. It marks the birth of a Man who came to us with one of the most powerful messages the world has ever known—"Love ye one another." The full meaning of this message is only beginning to dawn upon us. Only when we grasp it in its entirety

will the world know peace, and mankind everywhere will have the opportunities that make for happiness. True happiness lies not in material things; it springs from man's identity with life, with hope, with accomplishment. We find our most enduring happiness when our efforts bring out the best in us, and when the products of our work are of value to others as well as to ourselves.

Man is essentially a spirit. His body is temporal and temporary; his spirit ageless and deathless. Whatever we do for his well being finds its greatest fruition when it helps his physical being through strengthening his spirit. Nursing too is first of the spirit, for it is a form of love—in essence the very spirit of Christmas. Year after year thousands of young people enter the ranks, always with the same purpose—"I want to help others."

In these days of unending stress, of impelling drive simply to get the work done, of materialism, and hunger for power,

it is well to remind ourselves that nursing got its first great impetus with the birth of Christ. A new spirit then prevailed in the world, a new concept of the worth of man, a new sense of responsibility toward fellowmen.

Nursing was founded on this new spirit; it must forever remain true to it or forfeit its birthright. Every patient before us can command our love, the love that recognizes the needs of the whole person not only those of his broken body. "Tell the nurses," says a polio victim from his wheelchair, "that a friendly smile and an understanding heart spell a whale of a lot of difference to us fellows." It makes no difference if the man comes from "Skid Row" or Park Avenue, he is first of the spirit. His loneliness and fears, his very isolation from the routines of life, bring spiritual needs that often transcend his physical ones. The light over the patient's door may only be a call for a drink of water, but it may also be an appeal for understanding and reassurance from someone who cares.

It is part of the spirit of Christmas to care; it comes to us in the command "love ye one another." No other profession has a greater duty or opportunity to express itself through caring for none other meets so many fellowmen with such needs for protective love. The greatest gift we can bring to the Christ Child through service to others is not of our skills but of ourselves. Our skills cannot reach the spirit—only our kindness, understanding, caring and mercy can. And the greater are our gifts of self, the greater gifts of happiness will we receive.



■ MRS. CARTER looked imploringly at the clinic doctor who had just told her she would have to stay in the hospital a few days. "But I can't leave the children," she cried, "my husband works all day. He can't stay home to take care of them." As her voice rose hysterically, the young doctor, who was not yet accustomed to having his medical orders threatened by domestic problems, turned to the nurse with a helpless gesture, as if to say: Well, what next?

But the nurse, who was wise in the

by Frances Lewis, R.N.

ways of community resources, did not seem perturbed. "Wouldn't it be a good idea," she said with the proper amount of deference, "if we had Miss Sims, the social service worker, talk with Mrs. Carter. She always knows what to do in cases like this." Gratefully, the doctor agreed.

Miss Sims listened sympathetically to Mrs. Carter's troubles, asked sev-

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eral questions and then said she would see her again after her admittance to the ward. A few hours later she returned with the news that an organization called the Family Service would send a housekeeper to Mrs. Carter's home to look after the children, do the housework and marketing, and prepare a dinner for Mr. Carter before she left for the day—in short, do all the daily chores that Mrs. Carter was accustomed to do when she was active and well.

For the first time that day Mrs. Carter relaxed. "That must be a wonderful service," she said. But then her face clouded. "How much will it cost," she asked, "we can't afford to pay much. I mean, my husband isn't getting . . ."

Miss Sims smiled, "Don't worry, Mrs. Carter, the Family Service charges only what you are able to pay." She went on to explain how the agency in this particular city was supported by the contributions of public-spirited citizens through the Community Chest.

Mrs. Carter listened intently. "You know," she said when Miss Sims finished. "I wish I could tell all those people how Family Service turned out to be *my* good angel."

Mrs. Carter is only one of the many thousands who have found Family Service to be a "good angel." Yet perhaps this term is misleading for the family agency is more than just a present help in trouble. Through its various services—providing housekeepers is only one—it not only meets emergency needs but helps to guide families to a happier

and a more constructive existence.

In America, this concept of helping families in trouble dates back to 1873 when the first society for this purpose was established in Germantown, Pa. Many relief agencies had been organized before this, but generally these were of the "benevolent" type which placed little emphasis on rehabilitation or preventive measures. The Germantown organization was followed by similar societies in other cities, and by 1911, the National Association of Societies for Organizing Charity (now the Family Service Association of America) was formed to pool experiences of the independent societies and to stimulate further growth of family social work.

The Family Service Association of America has widened its horizons considerably since those early years. From its headquarters in New York City\* it maintains contact with 250 member agencies throughout the U.S. Field consultants in five designated areas of the country visit each affiliated agency as well as consult with a number of other organizations desirous of becoming Association members. In addition, it offers organizational information, collects statistics, maintains and develops standards of professional practice, and publishes *Social Casework*, a monthly periodical. Its financial support is derived from payments of affiliating agencies and voluntary sources.

As autonomous, citizen-controlled enterprises, family service societies have always had strong roots in the

\*Family Service Association of America.  
192 Lexington Avenue, New York City, N.Y.

community. One of the basic requirements for FSA membership is an active lay board or governing body (in the case of a government agency this may be an advisory board). Furthermore, the voluntary agencies, which include both nonsectarian and sectarian family service organizations, must be financed chiefly from private sources, which in most cities means the Community Chest. Publicly subsidized programs including family social work are generally the responsibility of state, county and municipal departments of public welfare.

One of the greatest spurs to the development of these community agencies, now within easy access of some 55 million persons, has been the growing realization that the problems of one individual in a family cannot be divorced from the unit to which he belongs. Fourteen-year-old Johnny who runs away from home to make his own living has probably not done so because of a sudden whim. In the background there may be a too exacting father, or a mother who has lavished her affection on an older child. In the words of FSAA's general director, Frank J. Hertel, "The family-centered program cuts across the constellation of family problems and sees the family as a whole rather than as separate individual entities."

One can well imagine that the "constellation of family problems" which the typical family service agency has to deal with calls for special knowledge and aptitudes, embracing as it does so many types of situations and personalities. For this

reason, most of the staff members are trained social case workers who have completed two years of postgraduate study in an accredited school of social work. Many societies also have consultants in the fields of psychiatry, home economics, legal aid or vocational guidance, to whom they can refer their special problem clients. If certain cases are outside the scope of the family agency, these are referred to existing sources within the community. Many family service organizations include in their service such activities as child placement, travelers aid and summer camping.

Because of the diversity of human problems, the day of a family caseworker is never dull. Through the portals of the typical family service headquarters in the community—which, incidentally, may or may not be called "Family Service"—come the newly married wife plagued with housekeeping problems; the woman who cannot cope with her mother-in-law; the small boy who plays "hooky" from school; the husband who cannot keep a job; parents who wish to place their defective child in an institution; and others caught in the toils of human relationships, ill health and economic pressure.

Although the agency may help a family temporarily over a financial rough spot by loaning money directly or by helping to arrange payments of debts, public welfare agencies are considered the main resource for families in dire economic straits. Economic factors cannot be disregarded, however, as evidenced by a statistical breakdown of the problems



met by the Family Association of Cleveland, Ohio. In 1949 this Association cared for 4,849 families representing a total of 19,138 problems. The majority of these problems, 37.6 per cent, fell into the category of family relationships—husband-wife difficulties, parent-child conflicts, in-law difficulties, child development and neglect of children; 20.4 per cent were economic, involving poor financial planning, non-support or inadequate support, debt and insufficient wages. Personal maladjustments accounted for 20.2 per cent and health problems for 15.6 per cent. At the bottom of the list were environmental troubles arising from poor home management, bad housing and overcrowding.

From this breakdown, it is obvious that the family service agency considers the physical, emotional and mental health of individuals to be fully as important as the basic family needs of food and shelter. Ac-

cordingly, these organizations are now redoubling their efforts in such areas as marriage counseling where the sources of discontent are generally highlighted by the clash of differing temperaments and personalities. If we were allowed to eavesdrop on the numerous marriage counseling interviews, we might be more optimistic about this nation's high divorce rate, for Family Service is doing a yeoman's job in guiding husbands and wives into a sound marriage partnership. Of course, no reconciliation is achieved by the waving of a wand; it may take anywhere from three months to three years or longer and a series of interviews to mend a marriage that's pretty far gone. But in most instances the end results are well worth the time and effort, according to family caseworkers who consider marriage counseling a most rewarding service.

The problems engendered by illness are also [Continued on page 54]

## OBLATION

*On that remote Judean night  
When earth and skies were glad,  
A trusting mother bore her Child,  
The Gift that heaven bade;*

*That quiet birth, that selfless life,  
Transcended Galilee!  
Healing was there that knew no bounds,  
And love to all was free;*

*O, let Thy consecrated skill,  
A heritage, through me,  
Bring gentle solace to all men,  
My gift to Thee . . .*

*by Myrl Alspach, R.N.*





# Take a winter vacation

by Doris Kremsdorf, R.N.

■ THE PURPOSE OF VACATIONS in general is to release us from the pressures of everyday living by permitting us "to get away from it all." For nurses, vacations offer escape from the cloistered institutional walls as well as unparalleled opportunities for enlarging outside interests and experiences. But why confine this escape to the summer months? On a never-to-be-forgotten travel tour one WINTER, a nurse friend and I found the answer to how to get rid of the cold weather doldrums.

Obtaining approval for vacation leave in January proved to be ridiculously simple. We could verily hear the sighs of relief of the nursing service supervisors, who were probably saying to themselves: One less vacation in next summer's rush. Once reassured that our absence would create no drastic nursing shortage, we felt free to plan our itinerary, which eventually developed into an air cruise through six countries.

From careful study of maps, travel leaflets, magazines, Sunday newspaper supplements and even encyclopedia articles, we finally se-



lected a fairly small compact section of the world which could be readily covered within a two-week period—the Caribbean countries. Together, we visited several travel agencies to determine the advisability of using their services. We were surprised to learn that a reputable agency secures reservations, tickets, hotel and tour accommodations, and skillfully plans the itinerary free of charge. Although we didn't surrender the fun of actually planning the tour, we gladly relinquished all of the clerical details to an agency as a valuable time-saving measure.

After much deliberation, our completed plans shaped up as follows: New York to San Juan, Puerto Rico; San Juan to St. Thomas, Virgin Islands; back to San Juan and on to Ciudad Trujillo in the Dominican

Republic; from Ciudad Trujillo to Port-au-Prince, Haiti; then to Kingston and Montego Bay, Jamaica; and Camaguey and Havana in Cuba. (It was only in retrospect that we realized the journey entailed 12 air trips, and the use of four different airlines.)

As the time of departure approached, we dreamed more and more of blue summer skies, coral beaches in winter, and picturesque native life. The days flew by in the frenzy of our preparations, and the usual daily problems seemed small and far less pressing. The important thing was that which lay ahead.

At last we were off!

Flying in a post-war DC-6 was far different from the Army's bucket-seated C-47's. The stewardesses were shining examples of good grooming, courtesy, efficiency and charm. And we couldn't help but applaud the well-planned utilization of space within the limited area of the plane's cabin. Most of the comforts of home were available and even emergency needs could be taken care of. We found this out when an elderly passenger became severely dyspneic and had to have oxygen administered while in transit. The situation was smoothly handled and the other passengers knew nothing about it.

Food and beverage service was singularly good, considering the limitations under which the stewardesses had to work. The pantry, usually located in the rear of the plane, was

December R.N. 1951



small, containing only a hot plate to keep foods warm. Trays were compactly designed with fitted openings in a cardboard tray cover to keep the various items from sliding off. Eating utensils were sterile and neatly wrapped in cellophane ready for use. Condiments, dressings, cream and even after-dinner mints were served in small cellophane-wrapped packages or containers of convenient size. Everything that contributed to a sanitary, appetizing and easily served meal was provided.

On long flights we ambled around the plane a bit to stretch our legs, or look about. Other passengers became less strange as the hours went by and we found many interesting companions. As an additional feature, some of the airlines employed a loud speaker system which kept passengers informed of flight time, flight delays, weather conditions, and points of interest visible below.

Residing in an assorted variety of foreign hotels was also an experience we did not anticipate. We found that one should have a "tongue-in-the-cheek" attitude toward hotel leaflets, or else prepare to reckon with reality later on. In most cases, however, we selected what we considered the best facilities available and were not disappointed. It is important, we learned, not to judge services of foreign hotels according to American standards. It is the best available quality which a particular country can offer that causes one hotel to be relatively better than another within the same area. One could not expect primitive Haiti to sport the luxuries found in

cities such as San Juan or Havana.

We learned that most of the first-rate tourist hotels in the tropics attempt to provide complete vacation living: swimming pools, terraces, dining room and snack bar services, souvenir shops, private sun balconies, gambling casinos, and even Broadway entertainment—all were on hand. It was in these hotels, too, that the water and food were usually the safest and most palatable—a matter of considerable concern to a traveler in a foreign country.

In order to see the country as it really is and to rub elbows with the native population, it was necessary to exert tremendous will-power, for the allure of lazy siestas under the terraced palms was almost irresistible. Each day we conscientiously devoted part of our time to adventuring forth—eager to try our high school French and college Spanish, and, of course, search for native bargains.

We learned several simple and effective methods of getting closer to the natural and non-commercialized way of native living. First, we spent considerable time traveling on public conveyances, ignoring the comforts of tourist taxi-cabs. Thrown together with the natives of the area this way, we were forced to deal with foreign currency, converse as we sought information, and travel through the outlying and less proudly displayed sections. Secondly, we sought out the public shopping places—the official public squares, the native marketing spots, and the tiny shops edging the narrow winding streets. On such trips we were [Continued on page 70]



## CANDID COMMENTS—

### Pedestals Are Being Leveled

■ EVERY TRIP OUT among nurses brings more evidence that our pedestals are coming down, and the ranks are closing up. We are beginning to realize that in the wells of our own experiences lie resources that should be more deeply tapped. We have turned to the experts for advice in the past—and that is good; we are turning now to our own for wisdom. And as individual nurses become more thoughtful on the issues before the profession, more vocal and more active, their natural forum, the district association, must inevitably become a highly potent agent in setting the pace of our progress.

True, one swallow does not make a summer. These symptoms of new attitudes are still sporadic, but as a veteran observer I mark them as trends that are bound to become customs, as did the trend toward the 8-hour day, 20 years ago. Starting officially in California's District 5 (Los Angeles), under the courageous leadership of the late Ethel Swope, the 8-hour day idea spread over the country. It was an idea that matured into a force; nothing is more powerful than an idea come to fruition. We are coming to realize that reform begins in the heart and works outward. Also ripening is the idea that

competent leadership goes hand in hand with competent followership.

It is also true that not all nurses have these ideas. Our failure to make and hold large gains in membership is a serious challenge. It is a situation that calls for new patterns of attack; the old exhortations and campaign methods seem to be losing some of their power. Perhaps, as more nurses share intelligently in determining association policies and programs, their faith and fervor will provide an important new stimulus to membership. Faith and fervor are contagious and "a satisfied customer is the best advertisement." When people cannot, because of circumstance, translate their ideals into effective action they become indifferent. Give them an avenue that offers hope, and the indifference can be replaced by enthusiasm.

One sign of the new trend is the nature of nurses' questions, and the manner of debate in open meeting. In one recent meeting a skilled leader staged demonstrations of the right and wrong way to conduct staff conferences. A panel of nurses was appointed to criticize the technique of the conference, and nurses in the

by Janet M. Geister, R.N.



audience were urged to ask thought-provoking questions. Both criticisms and questions were brisk, frank and exciting. They exposed sore spots to the air; they showed thinking; but above all they revealed the eagerness of rank and file, and authorities as well, to find the right way to build morale so we can proceed with our business of giving good patient care.

Top drawer nurses spoke as eagerly as did staff nurses; no area in nursing has a monopoly on good or ill will. As we left the meeting, I remarked to a seasoned leader, "Ten years ago that meeting couldn't have happened. It would have been outlawed." She smiled happily, "Ten years ago! Why even two years ago we wouldn't have dared it."

At another meeting a man nurse asked, "How can we help doctors understand what nursing is? Even the best of them don't seem to know the difference between professional and practical nursing. And they have no idea of how time-consuming their orders are. Neither patient nor nurse gets a breathing spell." Another nurse asked, "How can we get the graduates and students back to the patient, and still recognize and use the auxiliary worker?"

At still another meeting an instructor asked, "What is 'bedside nursing' in these days of early ambulation? Don't we need a new term for the skilled, personal service given by the professional?" And a private duty nurse made a little speech with her question—"My big gripe is the attitude of hospitals toward private duty patients. The hospitals in my town

take nothing off the bill when a patient provides his own nursing care though he pays full room fees. But what's worse, he doesn't seem to be entitled to *any* hospital-provided nursing care. Just try to get staff help with a difficult patient, or ask for relief so you can go to supper! They expect one special to leave her case alone while she helps out another. Doesn't the hospital have any nursing responsibility toward the patient with specials?"

Not one of these questions, and others like them, can be fully answered from the platform or by the participating group—and that is good. They need plenty of stimulating discussion, plenty of across the table talk, not only among nurses of all ranks but also with doctors, administrators and nursing's other allies. Such discussions provide more than answers to immediate problems. They help to establish the sense of partnership, of joint responsibility, that is so essential to today's practices. Health work today is team work, and the team must plan together in order to work together.

The important point about these questions is that they are being asked right out loud, right before everybody, and by people who a few years ago would have lost a right arm rather than openly to question any part of the status quo. It was but a few years ago that I was asked to preside at a meeting of a newly formed, state general duty section. Nurses assured me in advance that they would bring in many questions, yet at the meeting they sat mute.



Nothing the chair could do evoked a single live question or discussion that was worth a shot of powder. I learned later that the nurses were frozen into silence by the presence in the audience of head nurses and other authorities who could cost them their jobs.

There are several cogent reasons for the new turn of mind. We cannot deny that shortage of personnel has modified some of the old personnel policies and attitudes. Nor can we deny that our young people today do not awe easily. They are much more inclined to examine and question and to judge by character and performance than by a forced respect for power. But I believe of greater influence is the growing awareness that peace and good will

between management and labor are far more productive than resentments and class distinctions. The stress on a better system of human relations that places man ahead of the machine is extending beyond the factory to permeate all management-labor relationships.

Thus the levelling of pedestals, and the exercise of the individual's full powers in shaping policies, as well as obeying rules (though the trend toward them is still spotty), is not so much a revolt as it is a process of evolution. Because it is a rational development, based on a recognition of the value and dignity of the individual, it will grow. And in its wake will come, I verily believe, a greater economy and effectiveness in the use of [Continued on page 68]

## Probie



"Hasn't anyone laryngitis—we need an alto."



## PRIZE PACKAGE

■ A CHRISTMAS that is full and rich and meaningful calls for planning: What to give to whom, and how to wrap it—how to decorate the tree, the mantle, the door . . . So that 1951 may be, for you, a truly gay holiday and not a rushed and hectic one, start now to make a Christmas that will shine and sparkle. Packages—gay and varied, colorfully wrapped and ribbon-tied—are, for many of us, the visible symbol of the gay and festive spirit that is in the air—everywhere—at Yuletide.

Your packages can really be “something to talk about” this year. You needn’t be limited by the traditional red and green combination—good as that always is—for many new papers, new ribbons and colors are available.

A new fluorescent ribbon to be had this year in bright, glowing tones has a special finish which gives a luminous sheen. When used with the new dark papers, or those with a suede-like surface, you will achieve a package that is very 1951 in appearance. Then, too, there are the latest ver-

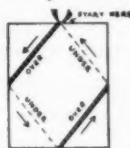
sions of the glittery tinsels and metallic ribbons; the shiny satins; and timely printed ones. These, together with the rich foil papers, lovely plain-colored ones, and others telling the Christmas story in pictures, all are designed to help you make your packages extra special.

Choose ribbons that will blend or contrast with your paper. For instance, a moss green ribbon on a gold-papered box becomes more exciting by the addition of a touch of flaming tangerine. Cerise and white bows on pale blue paper; a lemony yellow ribbon tied around a dark green package, with scarlet for accent; or lime and brown ribbons on paper of a coppery tone—indicate some of the more unusual ways in which to use color.

To make lovely packages, you need not tie yourself into knots—either literally or figuratively. The ability to wrap packages beautifully is not the prerogative of any one small group—it is a skill that can be mastered by all—and here’s how . . .



First clear an ample space—flat, firm, and with plenty of elbow room. Assemble all your equipment: scissors, seals, glue, ribbons, papers, boxes, etc. Wrap your gift in fresh tissue and place it in a box of proper size. If the paper has a pattern, be sure you so place the box that the design will be well-spaced on the top. Fold paper over, pull smooth and taut, fold ends neatly and fasten with scotch tape or decorative seals. If box is large, tape two sheets of paper together, and proceed as you would with a single sheet. The seams may be concealed with ribbons. Two different colors, or a printed paper combined with a plain one, will produce a novelty effect.



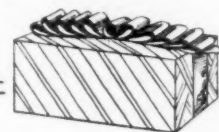
No matter how you choose to tie the ribbon around the box (crossed through the middle for a square box, crossed at either or both ends for an oblong one, etc.), the *bow* is always made separately and attached to the box later.

To make a big, full bow, use ribbon 2" or 3" wide. Pinch gathers in ribbon about 3" from one end, and hold between thumb and forefinger of left hand. With right hand, make a loop 2" long, and pinch in gathers. Continue looping ribbon back and forth—always holding finished loops in left hand—until you have made

enough to give the desired fullness. (The narrower the ribbon, the more loops will be needed.) Tie tightly through center with wire or ribbon-zene. Fluff is required for a nice full bow.



Use two contrasting ribbons (print and plain, or different colors), each about 1" wide. Place wrong sides of ribbons together and lay flat on table. Make a series of flat loops working back and forth; keeping each loop directly over the one below, and a little shorter. Keep center flat—do not pinch into gathers. Secure through center with scotch tape, and pin flowers, berries or an ornament over the center.



Little angels, snowmen, animals, etc. may be placed on the package; and sprigs of holly or spruce or other greens tucked in with the bow add a seasonal note.

Give your packages a fairy touch by the use of "flitter"—a glittering, sand-like material. It comes in red or green or blue—gold or silver, at art or gift shops. It may be used on the

ribbons, or directly on the package. The parts to be decorated are lightly touched with mucilage, flitter sprinkled on generously, and the excess shaken off. Another way of getting glitter on your packages, is to attach small Christmas balls to the end of the tying ribbons. Remove the cotter pin from the ball, push one end of pin through the edge of the ribbon, and then replace ends in the ball.



For packages with sound effects, attach small bells to loops of ribbon and string across the box.

Did you know that metallic and tinsel ribbons will curl? Simply draw the ribbon over the blunt edge of the knife. If you cut 10" lengths, tie them together in the center, and curl each end, you will have a fluffy, "curlicue" rosette.



If bottles are your problem, one answer is to wrap them with aluminum foil—it's very crushable and molds easily to the shape of the bottle. You can tie a big red bow at the neck, or dress it up with a ribbon skirt. To make this "skirt," glue lengths of  $\frac{1}{2}$ " wide ribbon to a matching band of wider ribbon. Fasten the band around the neck of the bottle so that the strips hang to the bottom edge. The more strips, the fuller the skirt. You can attach small bells to some of the

strips, to tinkle jovially each time the bottle is lifted. Another way to handle a bottle is to roll it in corrugated paper to form a cylinder. Stuff tissue around neck, and wrap in paper. Have the paper longer than the roll and slash the ends to form a fringe. Tie with ribbon bows, and—the bottle has turned into a giant party "snapper." If you use plain white paper, wind red ribbon spirally around the cylinder, and top with a red Christmas ball, you'll end up with a miniature barber pole.



Omit frou-frou for men. If you use bows, make them flat and tailored. Choose masculine colors in both paper and ribbon—browns, dark greens, greys, etc. The package may be decorated with pictures typical of masculine interests, such as sport scenes; or it may be trimmed with gadgets indicative of a particular hobby; i.e. colorful fishing flies, a toy gun, miniature camera, a deck of cards, or even bright packages of seeds. For the "strictly business" man, wrap your offering in the financial page of the local paper, tie with gold ribbon, decorate with play money.

Packages that show care and personal interest will enhance whatever you may give; for any gift means only as much as the thought behind it. Packages can have personality, too—they can be original, and ingenious, and beautiful—a complement to you, the receiver, and to you, the giver.

*From Ribbon Guild News, New York, N.Y.*

December R.N. 1951

## Fashion Notes for Nurses by *Francis Hughes*



### 7 ways to say *Merry Christmas*

**Smoker's dream:** Marxman lounge-coat complete with built-in pipe-pocket and briar pipe, \$15

**Cowhide classics:** Roger Van S' bags, drawstring or bucket, \$11 ea.\*

**Hide 'N Seek nylons** have niche for Bourjois Evening in Paris-scented sachet. 2 prs. per box, \$2.70

**Short Stop** has Charbert Eau de Cologne, after-shave lotion, talc and shave-cream in travel kit, \$6.50\*

**Make-believe Pocket Watch** hangs on tree, cuddles bottle of Jacqueline

Cochran's Shining Hour Essence. \$1\*

**For great glamour:** Harold Rubin's white fox scarf, \$12.75 (tax incl.)

**Flying Saucer sleds** delight kiddies. Aluminum, by Miles Kimball, \$4.95

\*Plus 20% Federal tax





# *Fireside Fashions*

PERFECT TO

GIVE



**Please note:** Prices are approximate. For nearest store carrying items you want, write makers. Names and addresses on page 86.

**STAY-AT-HOMES** can outsmart gadabouts in Lounges hostess fashions like these: short but sweet corduroy housecoat with jumbo pockets (under \$14); or luxurious mother-and-daughter peignoirs of quilted crepe, round-yoked and mandarin-collared. Pettirobe, under \$10; peignoir, under \$20.



VE

...PERFECT TO RECEIVE



**DOTING AUNTS** can charm small-fry with Smartwear's Merry or Jiminy Xmas re corduroy Santa robes, b Mike Riggs. Masks extra



**FOR THE SLIM-JIMS:** quilted calico tapered trows (\$8) and swingy jacket (\$6), make useful and smart "separates."



**FOR THE WHIMSICAL:** elephant buttons on a dress-length duster of quilted calico. Neckline invites scarfs. Under \$11.



**FOR THE NEW LOO** wear quilted calico we kit-jacket (\$6) with quilt calico whirl-skirt (\$8) tapered trows, far le

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# Nurses Make Fashion ...



AN OFFICE NURSE with a busy social life saw gloves getting fancier and fancier, dressed up her own black suedes "for best," by cutting and embroidering button-holes at both wrists, through which she slipped jeweled cuff-links or matching chiffon kerchiefs tied in bows.



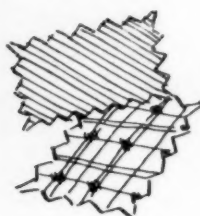
A YOUNG STUDENT NURSE taught her roommate a trick, picked up at junior college, about washing sweaters. She would add a few drops of scented bath oil to the rinsing water, thus perfuming her sweaters deliciously, and also helping wool fibers hold their natural oils.



AN OPERATING ROOM NURSE with a bid to a party made her own glitter-accessories by cutting a black mesh veil into 3 strips, wore one like a mask over her eyes, the second around her throat; the third around her wrist, all anchored with jewelled sparkling pins.



A NURSE "specializing" a baby at home learned several uses for sterilized cotton Q-tips from the infant's mother, who would put on lipstick, moisten a Q-tip and run it around her lips, get a clean outline. She also used them to get nail polish off without staining her fingers.



A PRE-CLINICAL STUDENT, style conscious and yearning to give two old tweed skirts a new look, lined them with bright taffeta, choosing a purple plaid for one; a sizzling stripe for the other. This gave her the look and feel she wanted and won the admiration of many friends.



**R.N.s:** Thanks for your letters reporting on the tricks you and your friends use to extend your wardrobes. Other R.N.s are writing to say they follow your suggestions, so keep them coming, won't you? Thanks.

**The Fashion Editor**

# PHIGURING



# PHOBIAS

■ MOST OF US are scardy-cats about something or other. Consequently, there are more phobias than you can shake a stick at. Listed here are some of the more common ones. One of the three definitions placed by each is the correct one—can you pick them out?

1. AILUROPHOBIA  
a. Fear of sickness      b. Fear of cats      c. Fear of being lured
2. CLAUSTROPHOBIA  
a. Fear of men in white beards  
b. Fear of small print in documents  
c. Fear of enclosed spaces
3. THANATOPHOBIA  
a. Fear of stuttering      b. Fear of death      c. Fear of Greece
4. PYROPHOBIA  
a. Fear of fire      b. Fear of pirates      c. Fear of baked sweets
5. DORAPHOBIA  
a. Fear of doors      b. Fear of women      c. Fear of furry things
6. AUTOPHOBIA  
a. Fear of vehicles      b. Fear of being alone      c. Fear of mechanics
7. ACROPHOBIA  
a. Fear of height      b. Fear of antiques      c. Fear of farmland
8. HYDROPHOBIA  
a. Fear of dogs      b. Fear of hydrants      c. Fear of water
9. PHARMACOPHOBIA  
a. Fear of drugs      b. Fear of democracy      c. Fear of fences

[Answers on page 70]

by Harold Helfer



Photo by Brunsmann

## Nursing's Teaching Challenge

■ **EVEN THE BEST** instructors occasionally need a refresher course in the techniques of teaching. This may be especially true of nursing instructors whose academic backgrounds have leaned rather heavily toward science and nursing arts, rather than toward psychology and education. It certainly applies to those nurses who are called upon to teach for the first time, for the responsibility of an instructor in a school of nursing is as great as, or greater than, that of an instructor in any other type of school.

To the beginning student nurse, her instructor, standing at the head of the classroom in a crisp white uniform, not only represents the nursing profession—she is the nursing profession. In no other profession is the teacher, as an individual,

more closely identified with the student's aims, purposes and dreams. It is easy for the student to believe that her teacher's very appearance, attitude and intelligence are characteristic of every nurse in the profession. Moreover, since the student goes to class before she begins gaining practical experience, her entire approach to nursing, and her outlook toward the profession in general are going to be determined to a great degree by her instructor.

*How can nurse instructors meet this teaching challenge?*

Perhaps the findings of a survey made several years ago in Ohio will be helpful.\* Seven outstanding char-

\*This survey was undertaken by President H. J. Burgstahler of Ohio Wesleyan University and the author. A questionnaire was sent to 58 college presidents (all those in Ohio), about 500 students and 500 alumni.

acteristics, described as "essential in a teacher to assure successful and satisfactory service," were agreed upon by more than half of the college presidents who responded to the questionnaire.

1. First and foremost was mastery of, and a contagious interest in, his subject . . . It was pointed out as an obvious fact that no one could successfully teach a subject about which he knew little. However, it was also emphasized that an instructor would not automatically qualify as a good teacher merely because he knew his subject. This led the educators to set down as the second qualification of a good teacher:

2. The ability to stimulate appreciation of, and interest in, the subject.

The remaining qualifications were:

3. A personal interest in the student and a genuine desire to help.

4. A cooperative spirit.

5. Unquestioned character and an unsullied reputation.

6. Loyalty to the institution, its ideals and objectives, and to the entire educational (hospital or nursing) program.

7. An attractive and impressive personality.

In contrast to these positive qualifications were listed characteristics found in instructors which detracted from their effectiveness as teachers. Some of these were: laziness, failure to progress in new professional techniques and teaching methods, cynicism and accompanying sarcasm of expression, selfishness and a low level of cooperation.

When students themselves were

questioned, 59 per cent said the characteristic which they liked best in a teacher was "personal interest in the student, his progress and his problems." One student in three listed as the second most desirable characteristic "planned and well-organized presentation of subject matter."

Many students accused teachers of: repetition—rehashing the assignment in the textbook; rambling sentences and long pauses which indicate clearly that the instructor is not well prepared or does not know where he is going; constant use of the lecture method with no variation; reading lectures; constantly being intolerant of student views; dictatorial attitude in maintaining discipline, and failure to make it clear to students just what is expected of them.

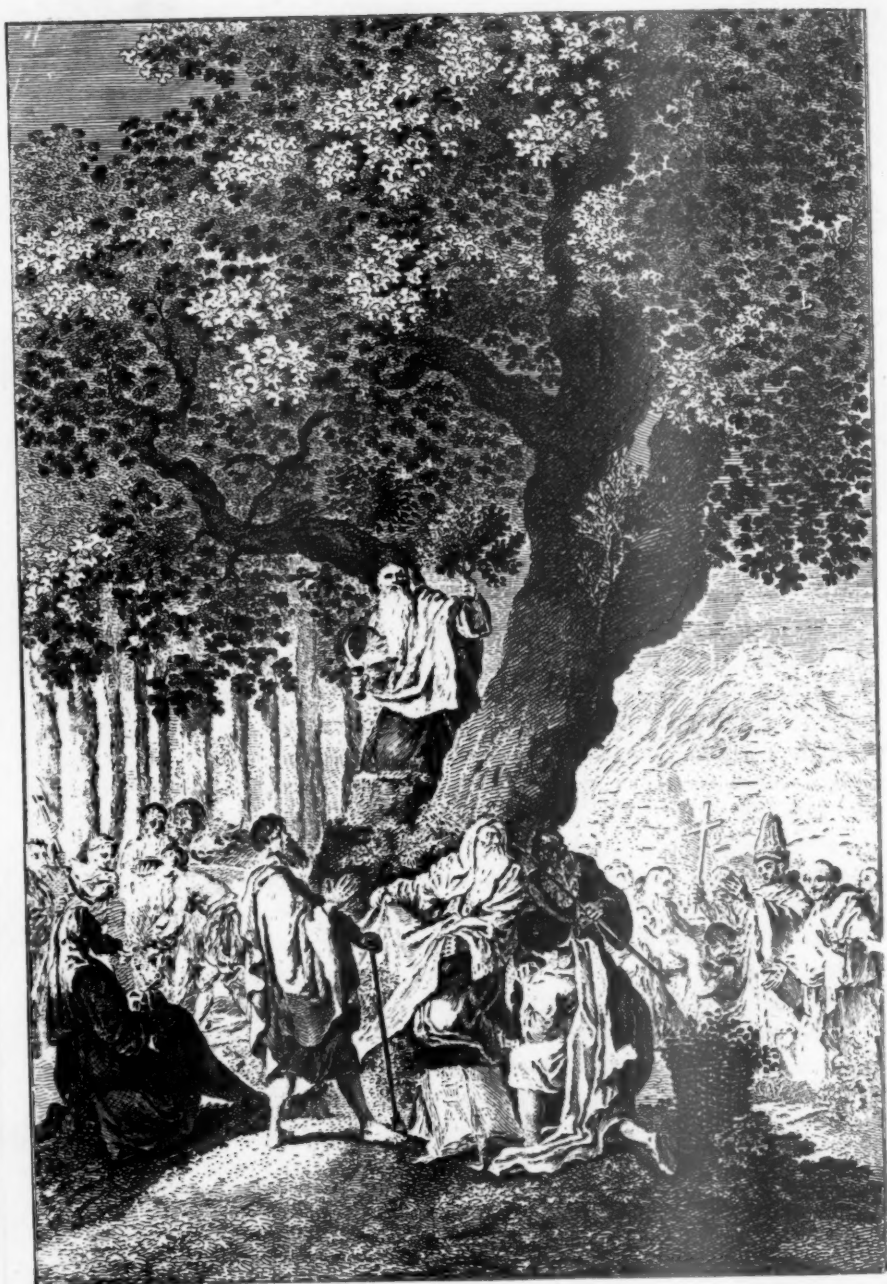
In the classroom, students rated those teachers as most successful who varied their approach and presentation of material; who injected some of their own personal philosophy into their teaching; who talked to the students rather than over them; who were willing to discuss lessons or personal problems.

In more personal areas, students liked teachers with a sense of humor, a neat and [Continued on page 62]

by Gerald W. Young

*Mr. Young, a former university instructor and the author of a home-study text entitled Advertising Letters, has served as a public relations consultant to a number of Midwest nursing schools.*





## CHRISTMAS MYTHS &

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THE ORIGINS of many of our Christmas customs can be traced to dim antiquity when man was more intimate with nature than with science and machines. To the people of that distant age, who held the unwavering belief that the earth was flat, the star of Bethlehem was a miraculous sign from the heavens and could not be interpreted in astronomical terms either by simple shepherds or by more sophisticated town-dwellers.

The close relationship between natural phenomena and human beings so apparent in early times—and still persisting today in isolated rural areas—gave rise to a host of legends as man attempted to explain or justify the existence of the plants, trees and other evidences of nature that surrounded him. The most notable example of this relationship is the significant role which fruits and trees played in the beginnings of the great religions. The tree of life guarded by a serpent, which appears in the Judaic faith, has been generally described as an apple tree by Christians, but other religious sects have called it an ash, the vine of Bacchus, the fig of Isaiah, or the tree of Aesculapius with its entwined serpent.

Another instance of early man's preoccupation with the natural world, and his belief that everything on earth existed to serve him was his attribution of medicinal properties to plants. In the so-called doctrine of signatures, which derived from this

belief, the aspen leaf was prescribed for shaking palsy for no other reason than because it shook; nettle tea was used for nettle rash; and turmeric was deemed helpful for jaundice because it was the color of jaundiced skin. This unscientific medical practice was further extended as plants developed saintly associations. Thus, by virtue of its holy state, the blessed thistle was prescribed for a multitude of unrelated ailments.

In studying the origin of some of our Christmas traditions involving the use of trees and plants, we can detect two currents in the mainstream of an inquiring but credulous age. The first, an irrational approach to the therapeutic value of nature, was eventually thrown off its course by modern medicine. But the second, an imaginative attempt to explain natural and supernatural phenomena, has endured to this day in music, art and literature—and in such religious observances as Christmas.



The most sacred plant of the Druid priests was the parasitic mistletoe, apparently because it remained green on the leafless oak in the winter, and thus appeared to guard the life of the tree. At the winter solstice, it was the custom of the Arch-Druid and his fellow priests and followers to gather in the forest around the oak with the most mistletoe on it. The Arch-Druid would then cut the mistletoe from the boughs with a

## MEDICINES

by Frances Lewis, R.N.

special golden scythe and distribute twigs of the plant. When the mistletoe was hung over doors, it was believed that only happiness could pass into the house. In this ancient rite may be found the origin of the present tradition which allows any man to kiss a girl found under the plant.

The strong pagan regard for mistletoe made the Church bar its use in religious celebrations, but pharmacologically-minded Christians could not be kept from endowing the plant with magical properties. Legend has it that mistletoe was originally a tree whose wood was used to fashion the Holy Cross; after the cross was made the plant withered to its present size. Monkish herbalists called mistletoe the Wood of the Sacred Cross and because of its sacred qualities prescribed it for several diseases—as an antidote for poisons, and a special remedy for epilepsy or falling sickness. In German villages the plant was called “Gut hyl” or “all-heal,” and in Brittany it is reported that a preparation of the berries is still taken for fever, and for imparting vigor. Although an active principle of mistletoe has been isolated and used to reduce hypertension, and preparations have been recommended as oxytocics and as cardiac stimulants, the plant is not widely employed.



Because of its close association with the Christmas season, holly is frequently thought to be derived from “holy,” but there appears to be no reason for this assumption. Although legends link the holly with the story

of Christ, the plant was worshipped by the pagan Druids of Britain long before their conversion to Christianity. From all accounts, the Druids considered the holly to be sacred because of its evergreen leaves which showed that the sun never deserted it.

Many Christian legends have grown up around the holly plant. As a symbol of immortality, because of its ability to bear fruit in the winter, holly was commonly used at Christmas winter festivals. It is said that the holly is allowed to keep its green leaves through the winter because it did not reveal the whereabouts of Christ when His enemies were seeking Him. It is also believed that the Crown of Thorns was fashioned from holly and that the berries were white before the crucifixion, but soon afterward turned crimson. In Denmark, holly is called Christ-thorn, and it is thought that the wearing of a holly wreath imparts strange and wonderful powers.

Like other Christmas trees and plants, many species of holly have been used for their medicinal properties. The berries of the European holly have been described as emetic, purgative and diuretic. Holly juice has been recommended for jaundice, and the leaves were employed at one time for gout and malarial fever. The Indians of the southern states of North America preferred their holly leaves in the form of a decoction, termed “black drink;” in later years it was found that these leaves contained tannic acid and caffeine. But despite fairly extensive pharmacolo-

gical investigation, holly today is prized more for its decorative value than for its medicinal properties.



The legend of the Christmas Rose or hellebore, which blossoms in mid-winter, tells how this plant came to be associated with Christmas. It seems that while Madelon, a young girl, was tending her sheep, she met the Wise Men journeying toward Bethlehem. When she saw their gifts and realized she had none to give she wept bitterly. But then an angel suddenly appeared and waved his wand of lilies, and the road to Bethlehem was covered with white Christmas roses. When Madelon offered her gift of roses to the Child, He smiled and touched them and the flowers immediately became suffused with pink.

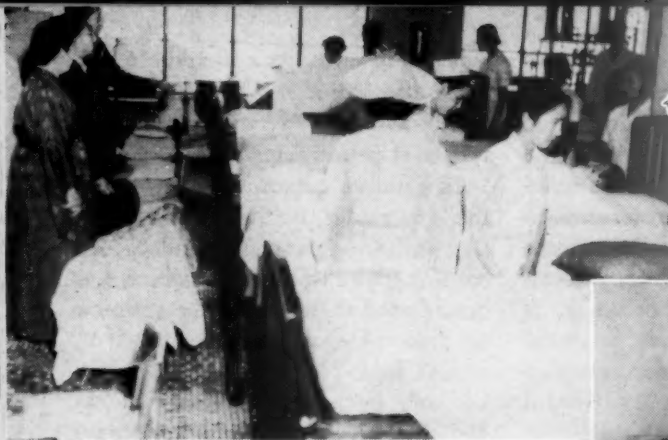
Hellebore has been a part of medical lore since earliest times. Hippocrates mentions the white and black hellebore and its use as a purgative drug. It was also believed to cure insanity by its ability to purge the human body of evil spirits; even in the comparatively modern age of Queen Elizabeth it was believed to cure melancholy. In the sixteenth century Paracelsus recommended the white hellebore for persons under 50 and the black for those over 50. The hellebore used to be gathered during a certain phase of the moon, dried in the east wind, then powdered and mixed with its own weight of sugar. The dose for epilepsy, gout, dropsy and palsy was as much as could be taken with three fingers, and the

concoction was considered to be more effective if it were mixed with such substances as mistletoe, peltory and peony seeds.

In modern pharmacology one of the glycosides of hellebore, helleborein, has been recommended as a cardiac tonic. Another, hellebrin, has been found to produce effects similar to those of strophanthin. However, neither have found a wide therapeutic use, because of their toxicity. Hellebore overdosage has been found to cause inflammation of the gastric and intestinal mucosa, vomiting, cramps, vertigo, and convulsions. Moreover, inflammation and vesication occur when the fresh root is applied directly to the skin.



One of our most cherished Christmas traditions—the use of evergreens during the Christmas season—stems from the profound reverence of ancient people for their natural surroundings. In those far-away, magical days when fountains, streams and leafy boughs were inhabited by deities, the evergreens were worshipped for their supernatural properties rather than for their ability to decorate hearth and home. As a result of this association of boughs and garlands with pagan rites, the use of greenery was forbidden in early Catholic Church ceremonies, and it was not until the sixteenth century that Christians once again brought nature into their homes for the celebration of the Nativity. The use of the Christmas tree, as we know it today, is [Continued on page 64]



## Japan's Servant Nurses Turn Professional

■ TODAY THE NURSES of Japan, long throttled by superstitions and looked down upon as servants, are coming into their own as educated and skilled assistants to the nation's physicians.

Prior to the American Occupation, bedside nursing as known in modern countries was non-existent in most of Japan. When the Occupation's Nursing Affairs Division began operations, its American staff of 10 registered nurses was confronted with almost insurmountable problems. The Japanese medical profession refused to acknowledge the importance of cleanliness and education for nurses. Miss Grace E. Alt, Chief of the Division, points out she "literally had to take mops away from the nurses just to make the doctors realize we truly meant that the nurses were to be nurses and not scrubwomen." In order to help the Japanese women understand the new status they were

working toward, their American tutors impressed them with the slogan: "Let's give nursing back to nurses."

Shortly after Japan's surrender, sections of the country were swept by a smallpox epidemic, and the Occupation's public health advisers were confronted with native superstitions. Many Japanese nurses insisted that the pox was brought by evil spirits.

To overcome such backwardness, the American nurses undertook a long-range program with mass education as its primary aim. Because of the pressing need for large numbers of qualified nurses, short refresher courses, often taught by the American nurses, were conducted for the graduates. In June, 1946, a model demonstration nursing school was established under the supervision of the Nursing Affairs Division of the Public Health and Welfare Section.



Universal Trade Press Syndicate

**Left: The Emperor and Empress visit a demonstration school. Center: Women officials speak about new nurses' association. Right: A student nurse learns to prepare a baby's formula.**

by Ken Kantor

Two additional model nursing schools have been opened since that time.

The request for a model nursing school and short refresher courses for graduate nurses came from the Nursing Education Council. This body, set up for the express purpose of improving nursing education, was organized by the Chief of the Nursing Affairs Division, and included representatives of the Division, SCAP, the Japanese Ministries of Education, Health and Social Affairs, and the Japanese Nurses Association as well as leaders from the schools of nursing.

Largely because of the efforts of the Council, the government eventually enacted a Public Health Nurse, Midwife and Nurse Law, which went into effect a year ago last April. The new law establishes modern nursing standards in a three-year course limited to high school graduates, to be

taught at Class A nursing schools. Another course, open to junior high school graduates, requires only two years of training in a Class B nursing school. Under the law, graduates of Class A schools who successfully pass the national qualifying examination are issued Class A licenses, while graduates of the B schools receive Class B licenses. Graduates of the Class A schools who specialize in public health nursing or midwifery after an extra half year of training in either field also take an examination for a national license in their chosen field.

Under the old system, Japan had 502 so-called nurses' training schools. Today the unqualified schools are being weeded out. Of 132 examined last year, 33 were refused accreditation as either Class A or B schools by a National Examination Committee under [Continued on page 57]



## REVIEWING THE NEWS

► **DISASTER DUTY:** The Red Cross reports that a total of 500 nurse disaster assignments have been made during the past year with nurses serving 1,700 days in 55 disasters. About 80 per cent of these were volunteers. In the July flood disaster, the voluntary response to the Red Cross call for help was particularly high. By mid-August, 411 nurses had volunteered 11,129 hours to care for about 20,000 victims given temporary shelter by the Red Cross. Many of the nurses worked double shifts.

► **A DANGEROUS SHORTAGE** of nurses exists in TB hospitals and services, according to Dr. Leonard A. Scheele, Surgeon General of the USPHS, who attributes inadequate patient care to the nationwide nurse shortage and to unfavorable working conditions in many TB hospitals. Pointing out that there is only one professional nurse for each 10.6 tuberculosis patients in contrast to the ratio of one for each 2.5 patients in general hospitals, Dr. Scheele said that today TB hospitals require almost as many nurses as general hospitals because of the extensive treatments involving chemotherapy and surgery. The evidence for Dr. Scheele's statements lies in an article in the October 5, 1951 issue of *Public Health Reports*, entitled "Nursing in Tuberculosis Hospitals." The facts in this report are derived from a survey of more than forty-five TB hospitals in 12 states and the District of

Columbia, conducted by Mrs. Martha B. Naylor, nurse officer in the USPHS Division of Chronic Disease and Tuberculosis. Mrs. Naylor reveals that the poor conditions which prevailed in many of the hospitals surveyed included inconvenient construction; non-existent or frequently antiquated handwashing facilities; poor isolation techniques; lack of educational programs on communicable disease precautions; lack of individual patient care; poor personnel policies; absence of pre-employment examinations and tuberculin tests; inferior living quarters; and lack of educational opportunities. Mrs. Naylor concludes her report with six recommendations to overcome these defects and thus enable TB hospital administrators to obtain enough nurses to meet their needs.

► **ABOUT PEOPLE:** The name of the Martins Ferry Hospital School of Nursing, Martins Ferry, Ohio, has been changed to the Ruth Brant School of Nursing in honor of Ruth Brant, who has served as head of the hospital for 26 years . . . Appointments to the faculty of the College of Nursing, Wayne University, include: Mrs. Esther Henry Benjamin, instructor in public health nursing, Kathryn Jean Howland, Christine Charlotte Jakraus, and Anna Mary Noll, instructors in medical-surgical nursing and Mrs. Roberta Catherine Enright, instructor in nursing service administration . . .



Recent graduates of the 52-week nurse anesthetist course at Brooke Army Medical Center, Fort Sam Houston, Texas, are *Captain Asuncion Bonilla Velasco*, *1st Lt. Louise Osness* and *2nd Lt. Dorothy Rose*. *Capt. Margaret Conner* was the instructor in charge of the students during their year of training.

#### ► MEETINGS NEW AND OLD:

Five regional institutes have been scheduled by the Committee on Careers in Nursing for the purpose of strengthening and creating state and local student nurse recruitment committees through public relations techniques. The first institute was held in Denver, October 29. Others are tentatively scheduled for Chicago, New Orleans, Philadelphia and San Francisco . . . A series of institutes of hospital administrators and directors of nursing service, sponsored by the National Committee for the Improvement of Nursing Services and the American Hospital Association, marks the first cooperative effort of the two groups on a national level to study functions and relationships. The first institute will be held December 3-7, at the Knickerbocker Hotel in Chicago . . . A special meeting for New York State industrial nurses will be held December 1-2, at the Hotel Syracuse, Syracuse, N.Y., for the purpose of organizing a New York State Association of Industrial Nurses . . .

Summer institutes covering new nursing methods and techniques, utilization of personnel and community services given by the St. Louis University School of Nursing assisted by the USPHS, drew enthusiastic response from attending nurses . . . In order to clarify new responsibilities stemming from rapid expansion of the Air Force Nurse Corps, chief nurses from hospitals at Air Training Command bases met in September at ATRC Headquarters in Illinois for the first command nurses' conference since the founding of a separate Air Force Nurse Corps. Leading the discussions was Lt. Col. Bertha Elsner, chief nurse of the ATRC.

► NO LET-UP in the procurement drive for more Army nurses, even if there is a cessation of hostilities in Korea, is the word from the ANC. Although only 871 nurses had responded by June 30, in the ANC's campaign for 3,000, the Army will continue to use the state quota method of obtaining nursing personnel. Four states—Arkansas, Delaware, Georgia and Mississippi—have either



met or surpassed their quotas, and North Dakota is only one short of its quota of five. As of June 30, California, the state with the largest quota—497—had contributed 53 nurses.

► **CIVIL DEFENSE:** The second and third in a series of Federal Civil Defense Administration films were released for distribution in October. *Fire Fighting for Householders*, and *What You Should Know About Biological Warfare* as well as the first in the series, *Survival Under Atomic Attack*, may be rented through local film libraries. Prices range from \$17.50 for the 16-mm. sound film to \$3 for the filmstrip. Accompanying pamphlets may also be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. . . . The FCDA has recommended that each civilian wear a chrome-steel or other non-critical metal identification tag bearing name, address, blood type, religion, and name and address of person to be notified in case of injury or death. State Civil Defense agencies are responsible for establishing the use of this device . . . *Civil Defense in Industry and Institutions*, the latest in a series of administrative guides, may be obtained for 25 cents by writing the Superintendent of Documents in Washington, D.C. . . . USPHS officers in the newly organized Epidemic Intelligence Service are prepared to detect and help fight germ warfare as well as to assist in outbreaks of disease. So far, 21 Epidemic Intelligence men have been assigned to posts in 12 states . . .

Nursing schools in New York state are being urged to revise their programs to include courses in disaster nursing. The manual on disaster nursing now being prepared by the NLNE will be used in making curriculum changes . . . A brief outline of emergency, on-the-spot treatment for atomic casualties, is presented in a leaflet, *Treatment of Atomic Bomb Injuries*, distributed by the Medical Emergency Division, Office of Civil Defense, New York City.

► **NEWSLINGS:** The United Mine Workers Welfare and Retirement Fund, which has a surplus of some \$99 million, is planning to put up loans to stimulate hospital construction in remote areas . . . Newest version of the Children's Bureau's best-seller *Infant Care* (20 cents) is off the press . . . *The Washington Report on the Medical Sciences* reports that a new tax law will in the future allow persons 65 years and over to deduct all medical, hospital and dental expenses from taxable income . . . Dissolution of the National Association of Colored Graduate Nurses and the forthcoming new structure will present many problems in intergroup relationships. For this reason, the ANA committee on this subject has recommended that one or more staff members attend workshops or institutes on Human Relationships in order to be better equipped to handle such problems . . . The American Dental Association has turned thumbs down on the use of hypnotism in the practice of dentistry, de- [Continued on page 72]

## FOR THE *Pantry* HOSTESS



"IT'S AS THOUGH someone has opened a faucet and is draining the life out of me" is her way of describing her feeling of chronic fatigue and listlessness. Her blood picture will probably reveal hypochromic microcytic anemia.

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(representing 210 mg. elemental iron, the active ingredient for the increase of hemoglobin in the treatment of iron-deficiency anemia)	
Plus these nutritional constituents:	
Thiamine Mononitrate (6 times MDR*).....	6 mg.
Riboflavin (3 times MDR*).....	6 mg.
Nicotinamide (2 times RDA†).....	30 mg.
Ascorbic Acid (5 times MDR*).....	150 mg.
Pyridoxine Hydrochloride.....	3 mg.
Pantothenic Acid.....	6 mg.
Vitamin B <sub>12</sub> .....	30 mcg.
Folic Acid.....	3.6 mg.
Stomach Liver Digest.....	1.5 Gm.

\*MDR—Minimum Daily Requirement

†RDA—Recommended Daily Dietary Allowance



## Family Service

[Continued from page 27]

thoroughly familiar to family service agencies. Like doctors, nurses, psychiatrists, hospitals, clinics and other social agencies with whom it cooperates, Family Service has a large stake in the health of the community. And in this field, too, as in marriage counseling, family caseworkers put to advantageous use their knowledge of mental hygiene and psychiatry. As one worker says, "With sick or handicapped people, caseworkers have learned the great importance to recovery of taking into account in treatment how a person feels about his illness as well as the disease process itself. Man is more than the sum of his organs. The forces of the spirit need to be rallied to work for recovery." It is in this vein that the caseworkers help persons to live with their physical handicaps such as tuberculosis, polio, cerebral palsy and other diseases and abnormalities. One polio victim who could not adjust to a job had this to say after a series of interviews with a social service worker. "I am no longer the unhappy little girl in the corner. I don't think of myself as being a cripple *inside*, even though I still walk with a slight limp."

In line with the trend in organic medicine of stressing the preventive rather than the pathological, more and more family service agencies are offering their services to "normal" families with a view toward preventing family troubles or disruptions before they occur. Under this long-

range program of family life education, information on preparation for marriage, problems of adolescents and similar subjects are presented to various groups within the community. One of the most important features of this plan is the group discussion which allows individuals to express their feelings, release emotional tension, and discover that their problems may be shared and understood by others.

Also indicative of the increasing emphasis on preventive medicine is the current pilot project sponsored by the Community Service Society (Family Service) of New York City, Montefiore Hospital and Columbia University's College of Physicians and Surgeons. Under this experimental program, designed to prevent rather than cure disease, 500 families will receive complete physical, mental and social care by a cooperating team of doctors, public health nurses, social workers, psychologists and psychiatrists. The findings of this project should indicate whether healthy families will utilize professional workers to *keep* well, and whether it is feasible to initiate such a total health program on a widespread basis.

The old adage that an ounce of prevention is worth a pound of cure applies to family service work as much as medicine. Funds spent now for helping troubled individuals may save millions in taxes. Although \$200 seems like a large sum for treating a child with a behavior difficulty now, it is preferable to paying thousands of dollars for his institutional

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care later on. No one, particularly a nurse, can argue with the contention of family service agencies that the neglect of social problems represents a genuine threat to the physical and moral strength of our nation.

*[This is the second of a series of articles designed to acquaint nurses with the health and welfare resources in their communities. The first article on Travelers Aid appeared in the June issue.]*



## A Visit from St. Nick

Santa is known by many names: Pere Noel (Father Christmas) in France; Kris Kringle in Germany (from Christ Kindl, or Christ Child); St. Nicholas in Belgium.

In Iceland Santa comes in the form of a tiny elf, and though Syrian children have no Santa Claus, they know of a tiny camel that accompanied the Wise Men. They leave bowls of grain and water outside their doors for this weary little traveler, and there, as here, the good children find gifts on Christmas day.

"Down the Chimney St. Nicholas Came with a Bound." In older times, the English had a notion that it was necessary to sweep down the chimney at New Year's in order that good luck could enter the home. Perhaps this is where Santa got the idea. In any case, the chimney is now a familiar Christmas symbol.



## Japan's Nurses

[Continued from page 49]

the jurisdiction of the Japanese Ministry of Welfare. Accreditation was generally refused on the basis of insufficient classroom space and teaching facilities; unorganized educational curriculum; shortage of instructors; poor dormitories; or inadequacy of training facilities for student nurses in hospital wards. The Committee accredited 87 of the schools as Class A institutions and 12 as Class B institutions. With the new certification, the Nursing Affairs Division hopes to double the number of qualified schools, thereby providing what it believes will be sufficient training schools to meet the country's nursing needs.

Examination of the schools, which are either directly under the national Ministries of Welfare or Education, or are dependent on the Ministries for operating funds, was conducted by regional committees, the members of which consisted of nurses, midwives, doctors, and representatives from the fields of education and public health. Their reports were reviewed by the National Nursing Council, which in turn recommended to the Ministries of Welfare and Education the schools to be authorized as Class A and B schools of nursing.

Japanese nursing schools are making great efforts to overcome many handicaps. In the past many Japanese hospitals also have been inadequate. Formerly, the patients were required to provide a relative or serv-

# EXPECTANT MOTHERS TELL AMAZING RELIEF from Heartburn

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Delighted mothers-to-be tell us how CHOOZ quickly relieves the usual heartburn distress of stomach hyperacidity during pregnancy — often after all other remedies had failed.

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ant to cook meals and tend to other physical needs. Under a new law, each hospital must have a central kitchen with trained personnel preparing food as prescribed by the doctors. Maids and attendants are to relieve nurses of mopping, cleaning and other menial tasks that interfere with their medical and nursing duties.

At present, nursing education in Japan is in a transitional period. Comparatively few nurses have graduated from the model schools, but hundreds of others will soon complete their courses at these schools and other schools using courses set up by the Nursing Affairs Division. In October of 1950, 12,000 applicants, all so-called registered nurses under the old system, registered; of that number 8,500 took a national examination held in 27 major cities throughout the country to obtain licenses as registered nurses under the newly-established standards. This was not obligatory, since the nurses who were practicing when the law was passed were considered to be graduate nurses, with all the rights and privileges of a graduate nurse.

The curriculum at the demonstration schools is set up to provide less class hours for the student nurses and more on-ward or in-service work as their schooling progresses. During their first year, students are required to put in a total of 580 class hours. Their second year calls for 255 class hours, less than half the total during their first year. During this year, the time spent in clinical practice includes work in the following categories: operating room, diet

kitchen, orthopedic, tuberculosis, pediatric, communicable diseases, gynecology, obstetrics and E.E.N.T. In the third year there is still more clinical ward work with further reduction of class hours. On completion of the three-year course, the student has put in nearly 1,000 hours in class and far more than 1,000 hours in ward work.

"Japanese student nurses and nurses work far harder than the average American nurse," Miss Alt says. "They also have marvelous memories and an instinctive courtesy—attributes which go a long way toward making good nurses. Their courtesy and the painstaking care they give patients are probably a result of the deep humility ingrained in Japanese women through the centuries."

American Army nurses at the Tokyo General Hospital, where graduate Japanese nurses have been employed as assistants, have been astounded at the thoroughness of the Japanese girls in serving meals, taking temperatures, bathing patients, preparing patients for evening care and providing specific treatments. "Their memories are almost photographic," one American nurse told the author. "They can stand and watch a very involved eye irrigation, one that takes three or four solutions, and duplicate it a week later without asking a question. Even in making a bed, hospital style, they learn the procedure much more quickly than the average American student nurse."

But many would-be registered Japanese nurses have become frightened

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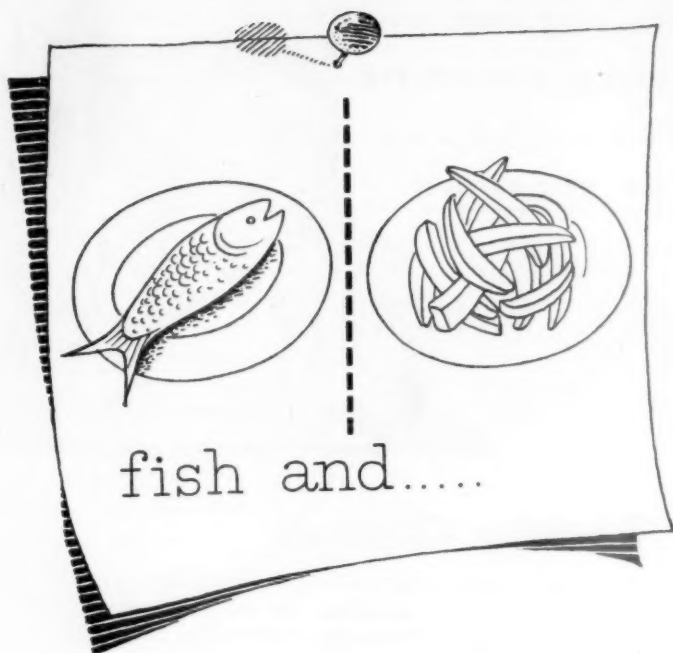
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For more than a quarter of a century, physicians have used this dual therapy in acute and chronic psoriasis, eczema, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with Systemic or metabolic disturbances. **MAZON** is greaseless . . . requires no bandaging; apply just enough to be rubbed in, leaving none on the skin.

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by the new high standards established for them by the American Occupation. "Those of you who have fears, who lack confidence in your ability to meet new professional standards, and in managing your own association, should take courage," Brig. Gen. Crawford F. Sams, Chief of the Occupation's Public Health and Welfare Section, told them. "I am referring specifically to the licensing of Class A nurses. Those who cannot meet high standards naturally wish to go back to lower minimum standards required in the past. It is no disgrace, if you were trained under old methods, and now new standards are being required."

"Three courses are open to you," General Sams advised. "You can oppose the new standards so that you will not lose face, but then there will be no progress in improving standards in Japan. You can go along under the old system and let others meet the new qualifications. Or you can study hard, read new books, take

extension courses and prepare for qualification . . ."

Thousands of Japanese women are taking General Sams' last suggestion and are working to be worthy of the new degrees certifying them as registered nurses on a par with those of other progressive nations. One of the outstanding evidences of professional development has been the rapid growth of the national Association which numbers about 80,000 active paid members. The Association was organized and officially recognized by the government during the occupation and is now a member of the International Council of Nurses. Another indication of the liberation of Japanese nurses from the customs of the past has been the establishment of a Nursing Section in the Ministry of Welfare. To this Section, composed of representatives from all of the branches of nursing, including midwifery, falls the herculean but rewarding task of formulating the nation's future nursing policies.

#### HOW FAR THAT LITTLE CANDLE THROWS HIS BEAMS . . .

*It is an old Irish custom to place a candle in the window on Christmas Eve to light the Christ Child on his way, and the use of a candle appears in many other lands and in many different ways.*



In Armenia, myriads of candles are used in the Christmas celebrations, and in Czechoslovakia tiny candles are set upright in nutshells and floated in pans of water. In church services in Labrador each child receives a little lighted candle standing in a turnip (which is eaten later by the youngster).



*In Norway, families arrive at church on Christmas Eve in sleds, each carrying a flaming torch. These are stuck upright in the snow while the good-folk attend services, bathing the outside of the church in a bright glow of light.*





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your shoes in  
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**ENERGINE SHOE WHITE****

**Special detergent and the whitest pigment  
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The super-white pigment in **ENERGINE SHOE WHITE** makes even old, worn shoes dazzling white in record time. The special detergent in both the liquid and the cream melts dirt away as you apply it.

Don't think for a minute that all white shoe polishes are alike. Try **ENERGINE SHOE WHITE**, either liquid or cream, just once—and you'll never use any other kind. Get it today.



**ENERGINE  
SHOE WHITE**

**CLEANS AS IT WHITENS**

## Teaching Challenge

[Continued from page 43]

attractive appearance and that rarity, a good speaking voice. Students also wanted in their teachers patience, tolerance, enthusiasm and fairness; also, the ability to remember their names and use them, both in the classroom and outside it.

Alumni, many of whom had been out of school a number of years, listed three qualities as most desirable in a teacher: personal interest in the students; attractive personality and good character. They also mentioned five characteristics of teachers which militated against their effectiveness: repetition, monopolizing the class period, spending too much time on unimportant details, lack of enthusiasm and being too theoretical.

In summarizing the results of this survey, one prominent teacher-educator said: "I believe the ultimate criterion of success in teaching must be the product of that teaching; that is, the effect upon the students taught . . . To achieve a good product in the teaching process, three things seem necessary in the teacher: thorough mastery of the subject matter; skill in the techniques of effective presentation and demonstration; and the possession on the part of the teacher of qualities of integrity, personality, and enthusiasm which will have the effect of inspiring the students both to master the subject matter and the skills of a given course, and to develop positive personalities of their own."

There are many ways in which

nurse instructors can work toward this goal.

► They can invite other instructors, whose judgment they value highly, to visit their classes and point out possible ways of improvement. They can visit the classes of some of their colleagues, with their permission, and observe what they are doing to stimulate student interest.

► They can arrange friendly group or individual conferences with their own students and endeavor to learn the students' frank opinions of their teaching.


► They can devise a questionnaire and ask students to fill it in. It should be explained that this is an honest and sincere attempt to discover what, in their opinion, they can do to improve their teaching. It is usually best to do this at the close of a semester or term—after grades have been determined. Students should be told that it is not necessary for them to sign their names.

► They can constantly be on the alert for new basic materials to include in class lectures and for better methods of presentation and demonstration—adhering tenaciously to the resolve that they will never use the same old class notes year after year.

► They can subscribe to the best magazines (and read at least one new book each month) in their field.

There is no reason why nurses should not become good teachers if they have the will and the initiative. Nor is there any reason why they cannot exemplify the type of nurse they want their students to become.

December R.N. 1951



# **PERTUSSIN**

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# **COUGHS**

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*Samples on request*

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## Christmas Myths

[Continued from page 47]

also a custom of comparatively recent vintage. The first Christmas tree mentioned in literature appeared in Strassburg in 1604.

Scholars have attempted to extricate the origin of the Christmas tree tradition from a maze of myth and legend. One theory states that years ago on Christmas Eve it was customary to commemorate Adam and Eve whose symbol was the tree of knowledge of good and evil. The day after was the day of Christ, symbolized by the cross of the tree of life, therefore, there is a logical reason for the place of the tree in our observance of Christmas.

One of a multitude of legends attributes the first Christmas tree to the hospitality of a little boy toward the Christ Child. One Christmas Eve as a forester and his family gathered about the fire, there was a knocking at the door. As the door opened there appeared on the threshold a cold and exhausted child, who apparently had become lost in the forest. Taking pity on him, the small boy of the family gave him food and drink and his own bed to sleep in. In the morning the child was revealed as the Infant Saviour, and before departing He planted the branch of a fir tree, saying, "This is My gift to you for your goodness. This tree shall forever be green and bear fruit at Christmas, and you shall always have plenty at that time."

In ancient Egypt, oleo-resinous pines and cedars, and the aromatic

gum resins—myrrh and frankincense—were endowed with divine properties. Therefore, it is not unusual to find that the Christian world ascribed mysterious powers to the pine tree. When it was discovered that a pine cone cut lengthwise resembled the form of a hand, this was assumed to be the hand of Christ. According to folklore, the phenomenon occurred when Mary and her Baby were hidden from Herod's soldiers by the sheltering boughs of the pine. In blessing the tree for its protection, the Infant raised His hand and thus marked the fruit.

The pine and its important derivative, turpentine, appear in the earliest annals of pharmacology. Mention is made of turpentine in an Egyptian papyrus which dates back more than 4,000 years, and Hippocrates, who lived around 400 B.C., includes both pine and turpentine in his medical writings. In no age, however, were the therapeutic marvels of pine appreciated more than during the seventeenth century, when tar water enjoyed the reputation of a panacea. Smallpox, eruptions, consumption, dropsy, gout, ulceration of the bowels, were but a few of the diseases said to be helped by the water. It was the theory of Bishop Berkeley, who introduced the remedy and wrote a book on it, that pine trees drew from the sunlight and air the vital element of the universe, and that this element, condensed in the tar product of the pine, could be drawn off by water and administered to the human body. The Bishop, who plugged his product with the avidity

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All day long you have your hands in and out of water. This is hard on your skin, makes the protective action of TRUSHAY doubly important.



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You want your hands to be soft and smooth, without signs of constant washings. TRUSHAY—the "beforehand" lotion will keep them lovely.

**On duty** and **Off duty** TRUSHAY will protect your hands. Use it each time *before* you wash them. It will help preserve the natural skin oils. Use it *after* you wash to give your hands that oh-so-soft feeling. Rich as cream, but without a trace of stickiness, TRUSHAY is delightful to use—on hands, on face, and as a body rub.

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of a present-day publicist, took particular delight in showing how the precious resins of the ancient world were similar in nature to the substance of tar.

In modern medicine, pine tar products may be used internally as expectorants, and externally as antiseptic and stimulating ointments for various skin diseases. Another pine derivative, elixir of terpin hydrate, is well known as a cough remedy. Turpentine, presently described as feebly antiseptic and locally irritating, was formerly employed as a diuretic, but because of its toxicity is now almost always prescribed for external use in the form of rubefacient liniments and turpentine stupes. It may also be incorporated in inhalant mixtures with creosote—a mixture of phenols obtained from wood tar.

From this brief resume of Christmas greens and flowers we can see how man's attitude toward nature has changed since the beginning of the present era. We are grateful that the pharmacological aspects of the plant world are now disciplined by science, but we can also draw a deep breath of relief that science has not invaded the entire realm of folklore

and tradition. In this year of our Lord—1951—there is still enough pagentry in our Christmas celebration to warm a cold and materialistic world. Candles still gleam in lonely farmhouses, children still fashion their cardboard bells and angels, and the trees and the plants which stirred the imagination of ancient peoples have yet to be vanquished by manufactured miracles.

### CAN YOU HELP?

Kentucky's famous *Frontier Nursing Service* is preparing for Christmas and would like to haul the bulk of its supplies in from the railroad early. If you would like to help please send: Warm clothing, new and old; woolies for babies; small tools, knives and balls for boys; dolls and toys for girls and tiny tads, and candy. By parcel post to Hyden, Ky. By freight or express to Hazard, Ky.

Money to give free hospital, medical and nursing care to children is badly needed during the hard winter season. Please send gifts in money to *The Frontier Nursing Service* in care of the Treasurer, Mr. Edward S. Dabney, Security Trust Company, Lexington, Ky.



## Watchword for Watch-watchers

For today's BUSY physician—  
it's "Foille First in First Aid"  
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## Candid Comments

[Continued from page 33]

our available nursing service, a much sounder system of rewards for nurses, and the high morale essential to quality nursing care.

An important development related to this trend is that these questions were not hastily thought up in the question period following a lecture or a district business meeting. They came out in meetings carefully planned to provide an interchange of ideas. Forum, round table, panel or "buzz" sessions are organized to prod and "needle" us until we overcome our timidities and speak out the ideas we have long cherished. They help us in trading ideas, perhaps to modify some of our own, and they tap the philosophies born out of our experiences. The "take-home pay" of well-organized discussion meetings brings high dividends, for we get the pin pricks of new ideas. Some of the ideas may irritate us no end—and that is all to the good. We think out our contrary views and learn how to put them into words. When, through practice, we have learned how to marshal our ideas into simple statements we can then meet with our allies and debate our way to a solution of major problems.

Our profession has so great a community responsibility today that nurses can no longer be silent partners in policy making and program planning. Indeed, in a number of major areas, representatives of our national nursing associations are working diligently with those of al-

lied groups on joint commissions and committees designed to improve patient care. Many of our state associations are doing notable work in this direction. One of the most heartening documents I've read of late is the joint agreement on personnel policies signed by a state's nurses and hospital associations. In several instances both hospital and medical associations have supported the state nurses associations' objectives in nurse practice legislation—a far cry from the days when nurses stood alone at the doors of legislatures.

The important new move in this direction lies with the average nurse. He and she know the stark realities of practice, and have acquired wisdoms from that experience. The doctor, patient, administrator, public, are right next door. The district offers the finest possible forum. If the pedestals come down something else must come up, or we create a vacuum—and vacuums are dangerous things. The time is ripe for nurses who *want* things for patients and for the profession as well as for themselves, to take a bigger part in shaping events.

The strength of our ideas is greater than any other power, when we make these ideas serve a purpose. "As a people" writes Professor Robert Redfield in *The University of Chicago Magazine*, "we are strongly in favor of reasonableness rather than force. We have faith in persuasion resulting from open competition of ideas." It is a good faith—that of persuasion rather than force—and we can make it work.

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## Winter Vacation

[Continued from page 30]

always especially careful to avoid notorious "tourist traps" with their artificialities and steep price scales. We were less eager, however, to venture away from the cleanliness of hotel dining rooms; nevertheless, we did discover a Chinese restaurant in Cuba, a Continental European dining room in the Dominican Republic, and a Frisco Hamburger Heaven in Haiti.

The days sped on and we found ourselves befriended by a diverse cross-section of people. There were well-to-do American vacationers, traveling businessmen, consulate attaches, European refugees, plantation bosses, engineers, foreign government officials, native servants, and last, but far from least, the U.S. Army and Naval forces. At night we listened to the vocal and instrumental music as provided by the local population. It was "Panama Tombee" in French-speaking Haiti, "Iron Bars" in dulcet-toned Jamaican English, and other music—all completely novel

and strange in lyric, melody and rhythm. We wrestled on the dance floor with the unfamiliar steps of "La Meringue," "La Guaracha," and the more familiar "La Rhumba." Was all this educational? We thought so.

Sixteen days after our initial take-off from La Guardia Airport, we returned to New York. The large, gaily colored straw sack of souvenirs, precariously balanced on two flimsy handles, was our glorious booty, and we were the triumphant, returning adventurers. Feeling so sophisticated and elated, it seemed only appropriate that the airlines should roll out the traditional red carpet for such an occasion. And by golly, it did!

### Answers to quiz on page 41:

1. Fear of cats.
2. Fear of enclosed spaces.
3. Fear of death.
4. Fear of fire.
5. Fear of furry things.
6. Fear of being alone.
7. Fear of height.
8. Fear of water.
9. Fear of drugs.

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one nurse told me, "because I find NoDoz Awakeners perk me up quickly, safely, when long hours or tedious cases wear me down."

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## News

[Continued from page 52]

claring that dentists can serve all of their patients best through direct suggestion and administration of approved anesthetics . . . A new six-minute, 16-mm. black and white sound film showing activities of Army Nurses in Korea and Japan may be obtained on a loan basis by writing to the Chief Nurse or Chief of Information in your Army Area.

► **TROPIC-BOUND** mission nurses and other nurses interested in tropical public health are invited to attend the second annual course in Parasitology and Tropical Hygiene for Nurses offered by the School of Tropical and Preventive Medicine, College of Medical Evangelists, in Loma Linda, California. The four-week course is scheduled from January 28 to February 22, 1952.

► **CHARGING** that his compulsory health plan has been misrepresented as socialized medicine, President Truman recently challenged officials of the American Dental Association during their annual convention to find a better way of improving the nation's health and not to fear the opposition of the AMA. Apparently, however, the Presidential advice made little impression on the conventioners for at a dinner the same night, Dr. Harold W. Oppice, ADA President, called upon members to step up opposition to the Administration plan . . . Speaking in a less political vein, Dr. Oppice urged that water fluor-

dation be extended to all municipalities to cut down tooth decay . . . Another convention speaker revealed that because of the shortage of dental training facilities only one in four applicants could be admitted by the 42 dental schools this year.

► **WIDER RECOGNITION** by UN member states for the professional status of nursing, and legal protection for this status, were asked in a resolution directed to the Secretary General of the UN by the UN Commission on the Status of Women last spring. The event marked the first time that nursing has appeared as an item on the agenda of a UN body.

► **A HIGH TURNOVER** among doctors and public health nurses who staff school and child health services in New York City's Health Department, is attributed chiefly to insufficient pay. In the past two years, 174 out of 400 part-time doctors have left the city's school medical clinics. In 1950, 205 public health nurses resigned from the service and an additional 199 left in the first nine months of 1951; in October, 1951, there were 757 nurses in the department and 332 vacancies. Although the budget request of a \$2,850 salary for Health Department nurses was rejected last year, the Department is asking \$3,000 in the new budget. The nurses who now receive \$2,400 a year plus a \$250 cost-of-living bonus earn much less than VA nurses who presently start at \$3,400 and expect to get \$3,800 beginning January 1, 1952.



“You are old, Father William,” the young man said,

“And your hair has become very white;

“And yet you incessantly stand on your head—

“Do you think, at your age, it is right?”

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# POSITIONS AVAILABLE

**ADMINISTRATORS:** (a) Small hospital-clinic vicinity California national parks. (b) 30 bed Indiana hospital. \$4000. maintenance. (c) 35 bed hospital; city 12,000 vicinity Boston. \$4000. maintenance. (d) Assistant. 35 bed general hospital, central Iowa. \$3600 up. (e) 30 bed general hospital vicinity Reno, Nevada. \$4200. maintenance. (f) 50 bed New York hospital, Buffalo area. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

**ADMINISTRATORS:** (a) New hosp., 60 beds, small town near univ. center, East. \$5000. (b) Small gen'l. hosp., Colo. RN12-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**ANESTHETISTS:** (a) 80 bed new hospital Florida resort city. \$4200. maintenance. (b) 200 bed approved hospital, north central Iowa. \$4800. maintenance. (c) 220 bed hospital, beautiful Potomac River Valley. \$4800. maintenance. (d) 100 bed hospital northwestern New York. \$4800. maintenance. (e) 200 bed approved hospital, city 75,000, adjacent southern educational center. \$5000. (f) New, modern clinic-hospital, Texas city 20,000. \$5400 yearly. (g) Large general hospital, southeastern state capital. Staff of 5. \$5000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

**ANESTHETISTS:** (a) Ass'n. with group specializing in EENT. univ. med. center. (b) New hosp., small size, fashionable college town near Chgo. \$400. mtce., opportunity continuing studies. (c) Ass'n., 35 man group, univ. med. center, West. (d) Ass'n., with group of med. anesthesiologists, univ. center MW. (e) New hosp., resid. town near large city, Texas. % with min. guarantee. RN12-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**ASST. DIRECTOR OF NURSES:** For a general hospital, fully approved. 44 hr. week, 4 weeks vacation, 7 paid holidays, sick leave, Social Security and insurance coverage. B.S. Degree in Nursing Education preferred. Experience in Nursing Supervision or Administration. Salary open. Apply to Personnel Director, Franklin Square Hospital, Baltimore 23, Md.

**CLINICAL INSTRUCTOR:** For Obstetrics Department of 65 beds in 213 bed hospital. 130 students in the School of Nursing. Assume full responsibility for classroom and ward teaching in obstetrics. 40 hour week, 4 weeks paid vacation, 7 paid holidays, sick leave accumulative to 20 days. Salary open. Apply Tacoma General Hospital School of Nursing, 314 South K St., Tacoma 3, Wash.

**COLLEGE AND STUDENT HEALTH:** (a) Dir. student health. 200 bed hosp. winter resort. West. (b) College nurse, liberal arts college. So. RN12-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**DIRECTOR OF NURSES:** (a) 200 bed college affiliated hospital, California resort city. (b) 500 bed hospital eastern educational center. \$5500 up. (c) 200 bed pediatric, university teaching unit, northern New York. \$6000. maintenance. (d) 150 bed general hospital, Ohio city 35,000. \$5000. maintenance. (e) 250 bed hospital, east central college town. \$5400 up. (f) small new Texas hospital. \$5000. (g) 200 bed new Virginia hospital. \$5000. maintenance. (h) Assistant. 300 bed hospital, Atlantic Ocean resort city. \$3500. maintenance. (i) Assistant. Large, eastern tuberculosis hospital. \$4800 increasing to \$5700. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

**DIRECTORS OF NURSES:** (a) Teaching hosp., 400 beds, univ. center, East. (b) Small, gen'l hosp., 50 students, univ. center, SW. RN12-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**DIRECTORS OF NURSING SERVICE:** (a) Gen'l hosp., small size. College town, Calif. (b) Dir. to superv. all nursing activities of one of America's major indust. companies in Middle East. Outstanding person required. \$8600 which includes living allowance. (c) New 150 bed hosp., resid. town, East. (d) Fairly large hosp., oper. under Amer. auspices in So. Amer., several yrs. exper., knowledge of Spanish req. RN12-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**FACULTY APPOINTMENTS:** (a) Director Nursing Education. 500 bed psychiatric hospital, excellent East Coast location. \$4500 up. (b) Clinical Instructor. 150 bed hospital Florida resort city. \$3600 maintenance. (c) Pediatric Nursing. Southern state college. To \$5000. (d) Nursing Arts Instructor. Southeastern university hospital. \$4000 up. (e) Science Instructor. College affiliated hospital, good east central location. \$4800 yearly. (f) Psychiatric Instructor. Southern state college. \$3400-\$5000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

**FACULTY POSTS:** (a) Educ. Dir., 300 bed hosp., 80 students, eastern seaport. \$4000. mtce. (b) Science and Clinical Instrs. in Med., Surg. import. hosp., Calif. (c) Educ. Dir., compl. psychiatric training program, approved, near Chgo. RN12-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**GENERAL DUTY NURSES:** On all services including Operating Room. General Hospital. Fully approved, 44 hour week day duty, 40 hr. week 3-11: 11-7 shifts with differential of \$10 a month. Starting salary \$200 per month. 7 holidays, vacation, sick time allowance. App'y Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

[Turn the page]

**GENERAL DUTY NURSES:** 114 bed general hospital. Beginning gross salary \$220 plus meals. \$10 evening and night bonus, 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio

**GENERAL DUTY NURSES:** Positions available in Alameda, Berkeley, Oakland, Richmond and other California East Bay Cities. Nurses registered in their home states or Canada can secure temporary permits to practice nursing in California until January, 1954 without examination. Permits may be secured by applying to the California State Board of Nurse examiners, Sacramento, Calif. The following salaries and personnel practices have been established for nurses in the above area: Starting salary \$240 per month, \$2.50 per month tenure increases for each 6 months of service to a maximum of 3 years. A premium of \$10 per month is paid for night and evening duty, a \$10 premium is also paid for delivering room or operating room duty, 40 hour week, 2 weeks vacation for each year's service, 3 weeks vacation for 5 years' service, 7 paid holidays, sick leave cumulative to 20 work days. Blue Cross Hospitalization Insurance paid by the hospital. For further information write directly to the Director of Nurses of one of the following hospitals: Alameda Hospital, Alameda; Albany Hospital, Albany; Alta Bates Hospital, Berkeley; Children's Hospital of the East Bay, Oakland; Concord Hospital, Concord; East Oakland Hospital, Oakland; Herrick Memorial Hospital, Berkeley; Martinez Community Hospital, Martinez; Merritt Hospital, Oakland; Peralta Hospital, Oakland; Permanente Hospital, Oakland; Pittsburgh Community Hospital, Pittsburg; Providence Hospital, Oakland; Richmond Hospital, Richmond.

**GENERAL DUTY NURSES:** 25 bed hospital. Starting salary \$175 with full maintenance, 5 day week. Write for particulars to Superintendent, Lincoln County Miners Hospital, Kemmerer, Wyo.

**GENERAL DUTY NURSES:** For Medical, Surgical Floors and Operating Room. Starting salary \$10 per day, 40 hr. week, bonus for P.M. and night duty. Alternating shifts when necessary. Perm. P.M. & night duty \$10.74 per day. Living quarters \$18 month. Excellent transportation to all areas. Write Director of Nurses, Doctors Hospital, 12345 Cedar Rd., Cleveland Hts. 6, Ohio

**GENERAL STAFF DUTY NURSES:** All areas. Apply to Director of Nursing, George F. Geisinger Memorial Hospital, Danville, Pa.

**GENERAL STAFF NURSES:** New 100 bed unit in process of construction. Liberal personnel policies including a 40 hour week. Write Director of Nursing, Holston Valley Community Hospital, Kingsport, Tenn.

**GENERAL STAFF NURSES:** 165 bed general hospital in residential suburb of Chicago. Medical, surgical, pediatric, obstetrical and operating room divisions. 44 hour week, 2 weeks vacation, 6 holidays, sick leave policy. Salary \$190 days, \$200 evenings, night duty \$205, plus complete maintenance in new nurses' residence opened June 1, 1951. Salary increase \$10 per month after 60 days. Scrub nurses remuneration for call. Leave of absence for post graduate experience with part salary. Apply to Director of Nursing, MacNeil Memorial Hospital, Berwyn, Ill.

**GRADUATE NURSES:** For general duty in new 40 bed hospital. Starting salary \$210 per month, and room, board and laundry. Salary increase each 6 months. 2 weeks vacation and 12 days sick leave per year. For further information apply Frank S. Cheevers, Administrator, Memorial Hospital, Dumas, Tex.

**GRADUATE NURSES:** For positions as evening and night supervisor; evening and night obstetrical supervisor; general staff nursing all services. 200 bed general hospital. Nine paid holidays; liberal vacation and sick leave; step increases at 6, 12 and 18 months. \$15.00 monthly differential 3 to 11 P.M., \$10.00 11 P.M. to 7 A.M. Pleasant working conditions, good personnel policies. Apply: Director of Nurses, Truesdale Hospital, P.O. Box 1511, Fall River, Mass.

**GRADUATE STAFF NURSES:** For Ohio State Mental Hospital. Starting salary \$230 per month. \$40 per month deducted for full maintenance. Civil Service Retirement Plan in effect. Promotional opportunities. 48 hour week, 2 weeks vacation. 15 days annual sick leave. Must be eligible for Ohio registration. Write G. E. Harris, Personnel Officer, Apple Creek State Hospital, Apple Creek, Ohio

**GRADUATE STAFF NURSES:** For medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary \$230 [Turn the page]

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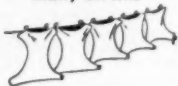
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**INDUSTRIAL AND OFFICE:** (a) Stewardess by airlines company, immediately, under 30. (b) New plant, large company, So. (c) Office nurse by pediatrician, Chgo. RN12-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**LABORATORY TECHNICIAN:** For small hospital in Bethlehem, Pa. For further information write or apply to Doctors Hospital, 111 W. 4th St., Bethlehem, Pa.

**MALE NURSES:** (a) Clinic and hosp. Amer. company, Middle East. (b) Oper. room, large hosp., East. (c) Construction project, Alaska. RN12-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**NURSE ANESTHETIST:** For surgical and obstetrical. Starting salary \$350 month. Methodist Hospital, 6th St. & 7th Ave., New York City. SOuth 8-6000, Ext. 142.

**NURSE ANESTHETIST:** Immediate opening. Permanent position. Starting salary \$331 per month, includes laundry. Automatic increases for 5 years. Apply Head Anesthetist, Sacramento County Hospital, Sacramento 17, Calif.

**NURSE ANESTHETISTS:** Two. Salary beginning at \$350 per month, plus duty meal in beautiful, new modern \$4,000,000 hospital. Communicate with Administrator, Butte Community Memorial Hospital, 400 South Clark St., Butte, Mont.

**NURSES:** Supervisors for Delivery Room, Obstetrical and Pediatric Departments, Nursery and Staff Nurses for all departments. New 275 bed general hospital. Write Director of Nurses, Providence Memorial Hospital, El Paso, Tex.

**NURSES:** Moving to new hospital and new apartment-style nurses' residence April 1, 1952. 236 bed general hospital 30 miles from New York City. Wanted immediately: Supervisors, Head Nurses, Assistant Head Nurses, General Duty Nurses. Liberal personnel policy. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

**NURSES:** Operating room and General Duty. 42 bed new, well-equipped hospital. 40 hr. week, top salary. Apply Administrator, Tracy Hospital, Tracy, Calif.

**NURSES:** Choice of duty in three modern hospitals. General duty, \$230 month to start; Surgical, \$236 month to start; Relief shift, \$10 extra. Two weeks paid vacation, 6 paid holidays, medical and hospital benefit plan. Contact Roy Watson, Jr., Kahler Hospitals, Rochester, Minn.

**NURSES:** General duty, head and supervisory nurses in acute communicable, TB or general emergency nursing; public health nurses and public health nurses in training. Salaries from \$3268 to \$5008 per yr., annual increases, 40-hr. week, no split shift, paid vacations, sick leave, duty disability allowances, death and sickness benefits, pensions, maternity leaves, educational leaves, in-service training, opportunities for further schooling. Apply: Detroit Civil Service Commission, 735 Randolph Street, Detroit 26, Mich.

[Turn the page]

December R.N. 1951

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**NURSES:** The American Red Cross offers excellent employment opportunities as nursing field representative for nurses qualified in the field of public health or education. Qualifications: Bachelor's Degree in Public Health Nursing, Nursing Education, or Health Education, with at least 2 years of experience. Openings are available in the various sections of the country. Salaries are commensurate with training and experience. Inquiries should be directed to Mr. Norman A. Durfee, National Director, Personnel Services, American Red Cross, Washington 13, D.C.

**NURSES:** Instrument Nurse, Night Supervisor and Staff Nurses. 165 bed modern excellently equipped, non-sectarian general hospital. Basic salary for 40 hour staff duty \$215. Bonus additional for evenings, nights, and for call, regular increases to maximum. Liberal personnel policies including Social Security. Hourly commuting service to Chicago. Apply Director of Nurses, Mercy Hospital, Benton Harbor, Mich.

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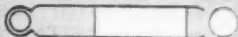
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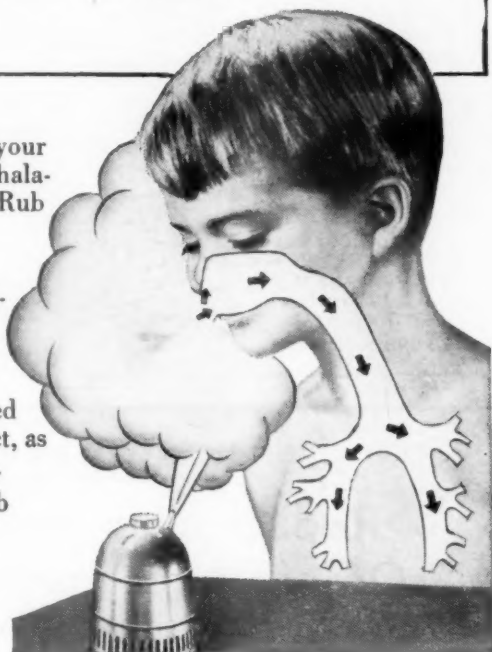
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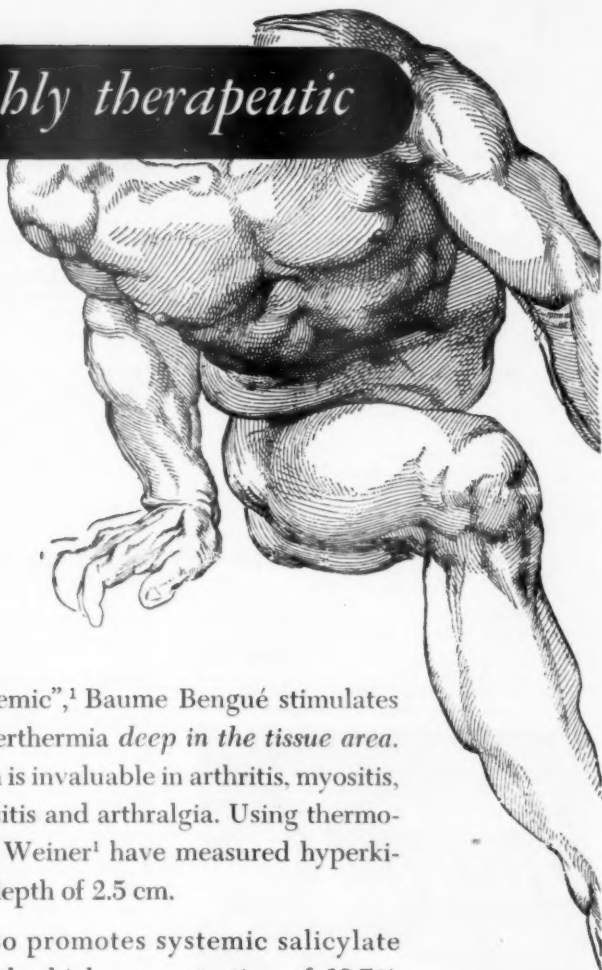
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I. Lange, K., and Weiner, D.: J.  
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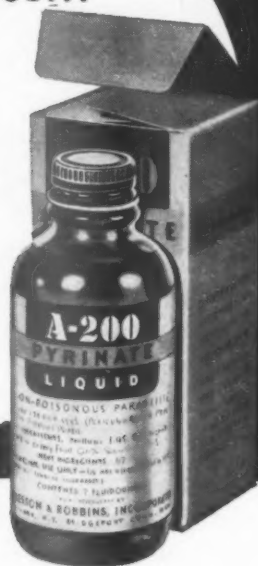
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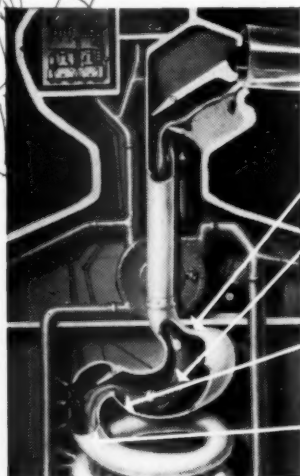


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